Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Lakes Nursing Home
Centre ID:	OSV-0000447
Centre address:	Hill Road, Killaloe, Clare.
Telephone number:	061 -375547
Email address:	adminlakes@ehg.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elder Nursing Homes Ltd
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary Costelloe
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 January 2017 09:30	16 January 2017 16:30
17 January 2017 09:30	17 January 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring inspection, which took place to monitor ongoing regulatory compliance, to follow up on actions from the previous inspection, following notification to a change to a person participating in management of the centre and following receipt by the authority of information of concern. This inspection took place over two days. As part of the inspection the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, incident logs, complaints, policies and procedures and staff files.

On the days of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met.

The quality of residents' lives was enhanced by the provision of a choice of activities taking place during the day.

The clinical nurse manager and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. Residents spoke highly of staff and told inspectors that they felt safe in the centre.

The collective feedback from residents and relatives spoken with was one of satisfaction with the care provided however, many concerns were raised in relation to staffing levels and supervision of the communal day areas.

The building was warm and comfortable, improvements and refurbishments had taken place and further works were planned.

Improvements were required to providing adequate oversight of all areas such as staffing levels, work organisation, supervision of staff, medicines management, and risk management to ensure that the service provided was safe, appropriate, consistent, and effectively monitored.

The areas for improvement are included in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider had established a clear management structure, there was evidence of consultation with residents and their representatives, reviews were carried out of the quality and safety of care. However, improvements were required to ensure adequate oversight of all areas such as staffing levels, work organisation, supervision of staff, medicines management, and risk management to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. These issues are discussed further under Outcomes 8, 9, 16 and 18.

There was a full time person in charge with the appropriate experience and qualifications for the role. The person in charge was on extended leave at the time of the inspection and the clinical nurse manager (CNM) deputised in her absence. There was an on-call out of hours system in place. Two senior nursing staff had been allocated 15 hours a week dedicated to clinical supervision including reviewing/auditing of medication management, care planning and meeting with General Practitioners (GP's).

The provider had established a clear management structure, and the roles of managers and staff were set out and understood. Management supports included a home care manger who visited the centre on a weekly basis and director of care services who visited the centre on a quarterly basis. The management team were in regular contact. Formal home management meetings took place on a monthly basis and were attended by representatives from all grades of staff and the home care manager. Minutes of these meetings were recorded and made available to all staff. The inspector reviewed the minutes of the last meeting held in January 2017, issues discussed and reviewed at the meeting included human resources and staffing, facilities and premises, audits, resident and relative meetings, complaints, occupancy, clinical risk including falls, wounds, supervision of day rooms, health and safety, clinical documentation and notifications to HIQA.

Systems were in place to review aspects of the safety and quality of care, including monthly, quarterly and annual reviews. The inspector was shown the annual review dated April 2016 and noted that audits of areas including complaints, incidents, infection control, catering, health and safety, clinical documentation, medicine audits as well as feedback from residents and relatives was used to inform the review. The action plan included improving safe practices around falls management, monitoring of weight loss and referrals to the dietician for those residents with a weight loss of greater than 2kgs and documenting all concerns raised at meetings to ensure they were addressed and resolved. The CNM told the inspector that the annual review for 2016 was almost complete.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was a registered nurse with the required experience in the area of nursing older people. The person in charge was on extended leave at the time of the inspection and the clinical nurse manager was deputising in her absence.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
All records as required by the regulations were not available in the centre.

Some medicines administered earlier on the first day of inspection had not been recorded (signed for) as administered. The inspector noted other medicines administered on 10 January 2017 had also not been signed as administered by the nurse. Medication management issues are discussed further under Outcome 9: Medication management.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was on extended leave at the time of the inspection and the clinical nurse manager(CNM) was deputising in her absence. The authority had been notified of the proposed absence of the person in charge and the arrangements in place for the management of the centre in her absence.

The clinical nurse manager deputising as the person in charge was an experienced nurse. He worked full time in the centre. He was on-call at weekends and out-of-hours.

He was knowledgeable regarding the Regulations, the Standards and his statutory responsibilities.

He had maintained his continuous professional development having recently completed a European certificate in palliative care and FETAC(Further Education Training Awards Council) level 6 leadership and management in healthcare training programme.

The inspector observed that he was well known to staff, residents and relatives. Throughout the inspection process the CNM demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation

requested by the inspector was made readily available.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that measures were in place to protect residents from being harmed or abused.

The inspectors reviewed the policies on protection of residents from abuse, responding to allegations of abuse and management of whistle blowing. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received recent training except for two staff, the CNM advised inspectors that this training was scheduled.

The CNM told inspectors that Garda vetting was in place for all staff and for persons who provided services to residents. An inspector reviewed a sample of staff files and noted that Garda vetting was in place for those staff.

The inspectors were satisfied that residents' finances were managed in a clear and transparent manner. The administrator and person in charge told an inspector that small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases.

The inspectors reviewed the policies on meeting the needs of residents with challenging behaviour and or aggression/violence and the use of restraint or enablers. The policies outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. An inspector reviewed the files of residents presenting with responsive behaviour and noted that up to date assessments and focused care plans were in place to guide and direct staff. The majority of staff had attended recent training on managing responsive behaviour and further training was

scheduled in February 2017.

Staff promoted a restraint free environment. There were no residents using bedrails at the time of inspection. There were two residents using specialised reclining chairs. These residents had been assessed as requiring specialised seating by the occupational therapist (OT). Comprehensive up to date risk assessments had been carried out in consultation with the OT, GP and family. Up to date care plans were in place, hourly checks were carried out and two hourly release checks were also recorded.

There was a small number of residents who were prescribed psychotropic medicines on a PRN(as required) basis to manage responsive behaviour. Records were maintained to indicate the rationale for administration of these medicines when required.
The CNM told the inspectors that both himself and the person in charge had completed a thorough review of prescribed PRN psychotropic medicines in late 2016 and as a result many of these medicines were no longer prescribed.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
While the provider had systems in place to protect the health and safety of residents, staff and visitors, improvements were required to updating the risk register, some aspects of infection control, ensuring safe floor covering was provided throughout the building, access to call bells, carrying out of fire drills and supervision of residents. The risks identified in the previous inspection report in relation to the smoking room had been addressed, the first floor room was no longer in use as a smoking room.

There was a health and safety statement available. The inspector reviewed the risk register which was in the process of being uploaded to the computerised system. Risks mentioned in the regulations were included. The inspector identified some risks during the inspection which were not included in the register such as medication errors, toilet doors opening out directly onto corridors, storage of equipment and soiled laundry. The CNM had risk assessed the toilet doors that opened directly onto the corridors on day two of the inspection and had erected signage to the inside of toilet doors advising persons using the toilets to open doors with caution.

Systems were in place for the regular review of risk which included discussion and

review at the monthly home management meetings. The CNM advised the inspectors that a senior nurse was scheduled to attend health and safety officer training on 20 January 2017.

Training records reviewed indicated that most staff members had received up-to-date training in moving and handling. Staff spoken with confirmed that they had received training. There were five staff members that required training and the CNM advised that training was scheduled for those staff members on the 7 February 2017.The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up to date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in December 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff except for one recently recruited staff member had received up-to-date formal fire safety training. While the CNM advised that fire safety training was included as part of the induction process, formal fire safety training for this staff member was scheduled for April 2017. Regular fire drills had not taken place to ensure that all staff and in so far as was reasonably practicable, residents, were aware of the procedure to following the case of fire.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms, however, the inspectors noted that call bells were not always within reach of residents in their bedrooms. This was brought to the attention of staff on day one of the inspection but was again noted as an issue on day two of the inspection. This action is included under Outcome 12: Safe and suitable premises.

The inspectors noted that safe floor covering was not provided throughout the building. Management staff were aware of this issue and the inspector noted that it had been discussed at a recent home management meeting and was scheduled for attention. The CNM advised that repairs to flooring in parts of the building had been agreed and was scheduled to take place. This action is included under Outcome 12: Safe and suitable premises.

There were comprehensive policies on infection prevention and control in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use.

The inspector spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate cleaning chemicals. The building was found to be clean and odour free. The manager from the contract cleaning company continued to carry out weekly inspections.

The inspectors had concerns regarding some practices including the storage of soiled laundry, the storage of incontinence products and the use of toiletries in shared en suite bathrooms. The laundry service was provided by an external contract company and was collected two to three times a week. Inspectors observed that some soiled laundry was stored in a clean linen room while other bags of soiled laundry were stored on the floor on a ground floor corridor. Inspectors saw that some incontinence products were stored on top of a toilet cistern while more were stored on the floor either side of the toilet bowl. Some toiletries in shared en suite bathrooms were not individually labelled or segregated. These issues posed an infection control risk.

Staff spoken with and training records reviewed indicated that staff had attended recent infection control training. Regular infection control audits were carried out by the person in charge. The inspector reviewed the results of a recent audit carried out in September 2016 and noted 91% compliance. Issues raised as a result of this audit had included the communal use of residents' toiletries in shared bathrooms and the storage of equipment in bathrooms.

Systems were in place for recording of incidents. The inspector observed that all incidents were recorded on the computerised system. Comprehensive details of each incident were included along with the details of vital observations recorded, contact made with the general practitioner (GP) and family members, details of the outcome and lessons learnt. Incidents were reviewed by the person in charge on a weekly basis and reviewed by the home management team on a monthly basis. The CNM agreed that the number of incidents was high but stated that all incidents including near misses were recorded. He stated that falls management continued to be high priority. He advised that following recent analysis of trends, changes had been made to the evening staff handover to ensure improved supervision of residents in the day areas and an hourly staff allocation rota had been put in place to ensure supervision of the day rooms at all times. However, inspectors noted during both days of the inspection that the first floor day room was unsupervised at times and some un witnessed falls had recently occurred in the communal day areas.

The inspector reviewed a sample of files of residents at high risk of falls and those that had recently fallen. Up to date risk assessments and focused care plans were in place to guide staff in the care of the resident. Staff spoken with were aware of residents at high risk of falls. The physiotherapist assessed all residents post falls and recommendations were reflected in residents files. Additional precautions such as low low beds, crash mats, sensor alarms and hip protectors were in use for some residents at high risk.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
An inspector noted that while there were written operational policies relating to the ordering, prescribing, storing and administration of medications to residents, improvements were required to some aspects of medication management practices.

The inspector spoke with a nurse on duty regarding medicine management issues. Some medicines administered by the nurse earlier in the day had not been recorded (signed for) as administered contrary to professional guidelines. The inspector noted other medicines administered on 10 January 2017 had also not been signed as administered by the nurse on duty at the time. This action is included under Outcome 5: Documentation to be kept in the designated centre.

Nursing staff were administering some medicines in a crushed format which was not in accordance with the directions of the prescriber.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medicine errors and nursing staff were familiar with them. The inspector reviewed a sample of medicine error reports and noted that a medicine error which resulted in the hospitalisation of the resident had not been reported to the Chief Inspector. This incident was notified to HIQA following the inspection. Following this incident, the person in charge and CNM met with all nursing staff. Details of the lessons learnt were documented. The CNM told the inspectors that further safeguards had been put in place to protect residents with known allergies. Systems were now in place whereby two nurses checked and signed for the administration of the first dose of any new prescribed antibiotic. The pharmacy provided training to nursing staff on the use of antibiotics and all nurses underwent a medicines management competency assessment. This action is included under Outcome 10: Notification of incidents.

Systems were in place for checking on all medicines on receipt from the pharmacy and for the return of unused and out of date medicines to the pharmacy.

Regular medication management audits were carried out in house. The inspector reviewed recent audits and no major issues had been identified. Staff confirmed that results of audits were discussed with them.

All staff had completed recent medication management training and individual medication management competencies were completed.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The clinical nurse manager(CNM) and management staff were aware of the legal requirement to notify the Chief Inspector regarding occurrences as set out in the regulations.

To date HIQA had received many notifications outlining clear details of occurrences, however, it was noted that while an incident involving a resident who fell and required hospital treatment in June 2016 was clearly documented, no notification had been made to the Chief Inspector in respect of the incident.

The inspector reviewed a sample of medicine error reports and noted that a medicine error in which a resident was hospitalised had not been reported to the Chief Inspector. This incident was notified to HIQA following the inspection.

The CNM told inspectors that an investigation was currently in the early stages in relation to alleged neglect by some staff members. These had not been notified to the Chief Inspector.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:
The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis and medical records supported that GP review was timely and responsive.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody services were also provided. The physiotherapist was in attendance two days each week and carried out one to one assessments and group exercise activities. The inspector saw the physiotherapist attending to several residents during the inspection. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents at high risk of falls, nutritionally at risk, presenting with responsive behaviour and with wounds. See Outcome 7: Safeguarding and safety regarding responsive behaviour and Outcome 8: Health and safety and risk management regarding falls management.

The inspector found the nursing documentation was completed to a high standard. Pre-admission and comprehensive up-to-date nursing assessments were completed. A range of up to date risk assessments had been completed for each resident including nutrition, dependency, manual handling, falls, continence and skin integrity. Care plans had been reviewed and updated on a regular basis. Care plans reviewed were detailed, guided the care of the residents, individualised and person centered. Care plans were in place for all identified issues.

Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns or if recommended by the dietician. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals made to the dietician and/or SALT. Files reviewed by the inspector indicated that residents were regularly reviewed by the dietician and SALT. Some residents were prescribed nutritional supplements which were administered as prescribed.

The inspector was satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound charts in place. There were no residents with pressure ulcers at the time of inspection. The CNM told the inspector that

support and advise was available from the tissue viability nurse when required.

Residents' social care needs were met through a varied activity programme. An activities co-ordinator was employed for 28 hours a week and attended the centre Monday to Friday. The daily and monthly activity schedules were displayed. Regular activities offered included Sonas (therapeutic programme specifically for residents with Alzheimer disease), baking, reminiscence, sensory including visual and textile stimuli, music relaxation therapy, pet therapy, massage including mini facials, card games, screening of old movies, music programmes, sports matches on a large screen, live music sessions and gardening. Some residents were observed enjoying a variety of activities during the inspection. The activities coordinator told the inspector that she carried out both group and individual activities with residents. She completed a daily timetable of activities that took place on both floors. The centre had its own pet dog which some of the residents enjoyed and outdoor poly tunnel for gardening activities. Residents were facilitated to go on day trips during the summer months to scenic areas of local interest. Some residents had recently enjoyed attending a Christmas party in the local hotel. One resident was a regular attendee at a local day care centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector noted that many of the actions outlined in the previous report had been addressed however, further improvements were required to comply with the regulations and Standards.

The external walls to the building had been rendered and repainted.

The external fire exit doors to the corridors areas had been replaced however, there was still one defective external fire door located in the first floor day room. The clinical nurse manager (CNM) advised that this door was due to be replaced shortly.

The first floor smoking room was no longer in use.

Additional shower facilities had been provided for the use of residents on the first floor.

Internal repairs and redecoration of some areas of the building were complete.

New screening curtains and built in wardrobes had been fitted to some shared bedrooms.

While the inspectors found the physical environment of the existing building to be clean, comfortable and warm with a good variety of communal day spaces available to residents, further repair works were required to ensuring safe floor covering was provided throughout the building. This was discussed under Outcome 8: Health and safety and risk management.

Call-bell facilities were provided in all rooms, however, the inspectors noted that call-bells were not always within reach of residents in their bedrooms. This was brought to the attention of staff on day one of the inspection but was again noted as an issue on day two of the inspection. This was discussed under Outcome 8: Health and safety and risk management.

There was an appropriate level of assistive equipment, such as specialist chairs, wheelchairs, walking aids, hoists, specialist mattresses, pressure relieving cushions and beds to meet residents' needs. The inspector reviewed the service records for equipment and found them to be up to date.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a complaints policy in place which clearly outlined the duties and responsibilities of staff, however, some improvements were required to complaints management.

The complaints procedure was displayed in the front entrance area but many residents did not have access to this area and could not easily see or read the complaints

procedure. The comments box was also located in this same area and not accessible to residents. The inspector noted that it had been suggested at a recent resident meeting that suggestion boxes should be provided on each floor.

The inspector reviewed a sample of complaints which were recorded on the computerised system, there were two open complaints. The inspector noted that all complaints, including verbal concerns and concerns raised at meetings had been logged as complaints. Comprehensive details of complaints were recorded however, some inconsistencies were noted in that the investigation, action plan and outcome were not always documented.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staff were observed to speak with residents in a dignified manner. The inspectors observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit and what they would like to eat and drink. The inspector noted that the privacy and dignity of residents was generally well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. While inspectors observed that most staff engaged very well with residents as they assisted them with their daily activities, the inspectors also observed some poor engagement and poor care practices which compromised the dignity of some residents. These specific instances of poor practice were discussed with the clinical nurse manager (CNM) during the inspection and with the management team at the feedback meeting.

Many residents and relatives spoken with praised the staff stating that they were kind, caring and treated them with respect.

The inspectors observed that staff made efforts to maintain residents' independence, many residents were observed walking about independently, some residents were

observed walking about with the assistance of staff while others moved about independently in their wheelchairs.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. The rosary was recited twice weekly. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining rooms or in their bedroom.

There was an open visiting policy in place. The inspectors observed many visitors coming and going throughout the inspection. Residents had access to the centre's cordless phones and some residents had their own mobile handset device. Staff were aware of the different communication needs of residents and the inspector noted that the communication needs of residents were not set out in their care plans.

The centre was part of the local community and residents had access to radio, television, daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers and listening to local radio stations.

Staff outlined to the inspector how links were maintained with the local community. Some residents went out on day trips with their families while others attended special family occasions. Local musicians visited regularly, the local priest visited weekly, a local hairdresser attended weekly. Members of an orchestra group and opera singers visited over the Christmas season. Residents were facilitated to go out on day trips during the summer months and some residents attended local day centres.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
While the inspectors were satisfied that safe recruitment processes were in place, staffing concerns were raised by residents, relatives and staff during the inspection. Prior to the inspection HIQA had received information of concern from a number of concern initiators regarding inadequate staffing levels in the centre.

On the day of inspection there were 52 residents living in the centre, two residents were in hospital and there were three vacancies. Residents dependency levels were assessed using a recognised validated tool and included 19 maximum, 19 high, 14 medium and two residents of low dependency level. There were two nurses, eight care assistants on duty during the morning time, three nurses, eight care assistants on duty during the afternoon and evening time, two nurses and three care assistants on duty at night time. The clinical nurse manger (CNM) was also on duty during the day time and was currently deputising for the person in charge. Two senior nurses who worked on the floor had been allocated 15 hours a week dedicated to clinical supervision including reviewing/auditing of medication management, care planning and meeting with General Practitioners (GP's).
The activities coordinator was also on duty during the day time. The CNM advised that staffing levels were kept under regular review and discussed at the monthly home care meetings.

The inspectors had some concerns regarding the staffing levels, work organisation and supervision of staff, these issues were discussed with the management team at the feed back meeting. The management team undertook to review staffing levels, work organisation and arrangements in place for supervision of staff.
During the days of inspection, some residents spoken with told inspectors that while staff were great, "they were always very busy", " nurses and carers haven't time for chatting", "feel they are short staffed". Relatives spoken with were satisfied with the care provided but some had concerns over the staffing levels in the centre. The inspector noted that some residents and relatives had raised concerns over staffing levels and supervision of residents in the day rooms at the recent residents committee meeting held in December 2016, comments recorded in the minutes included " more staff are needed at peak times, carers appear under pressure", "no supervision in the first floor dayroom during the day and evening handover" and "staff are too busy to take a resident to the bathroom after lunch". Some staff spoken with told the inspector that they were always rushed and staff are always busy. When the inspector enquired why an allocated staff member had not supervised the first floor dayroom, the staff member reported that she had to attend to the needs of other residents elswhere. Nursing staff reported that they were too busy on the first morning of inspection as the reason why the medication administration charts had not been completed in a timely manner. The inspectors noted that there had been a number of complaints logged regarding lack of staff supervision of communal day areas, incidents logged regarding recent unwitnessed falls in the communal areas, there were times during both days of inspection when the first floor day room was unsupervised

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required

by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files. There were no volunteers at the time of inspection. Garda Síochána vetting was in place for all persons who provided services to residents.

The management team were committed to providing on-going training to staff. Recent training included dementia awareness, nutrition and malnutrition, dysphagia, infection control, end of life care, dealing with behaviours that challenge, food safety, cardiac pulmonary resuscitation, incontinence, medication management and vena puncture. Further training was scheduled for 2017.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Lakes Nursing Home
Centre ID:	OSV-0000447
Date of inspection:	16/01/2017
Date of response:	10/02/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure adequate oversight of all areas such as staffing levels, work organisation, supervision of staff, medicines management, and risk management to ensure that the service provided is safe, appropriate, consistent, and effectively monitored.

1. Action Required:

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Clinical Nurse Manager (CNM) is currently deputising in the absence of the person in charge. The CNM is supported by the Healthcare Manager and Director of Care Services to ensure that there are systems in place to provide safe, appropriate and consistent care and service. He is also supported within the home by two experienced senior staff nurses. This clear management structure will ensure that there is direct oversight of all departments within the home and facilitates the monitoring of infection control, health & safety, documentation, risk management, incident analysis and reporting, and staffing/workforce issues.

A Senior Staff Nurse is rostered every day to ensure direct supervision of staff, appropriate skill mix and allocation of duties. The Senior Staff Nurses provide support to the CNM in ensuring that safe, effective and consistent care is delivered to the residents in the home.

The CNM will support the PIC upon her return to ensure ongoing compliance with these actions.

Proposed Timescale: 08/02/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some medicines administered earlier on the first day of inspection had not been recorded (signed for) as administered. The inspector noted other medicines administered on 10 January 2017 had also not been signed as administered by the nurse.

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Medication charts have been reviewed and are now compliant with the centre's medications management policies.
Medication charts will be monitored on a weekly basis through spot checking to ensure ongoing compliance. A comprehensive medication audit will be completed on a bi-monthly basis. The pharmacy will conduct unannounced audits once per quarter to check for compliance with policies & regulation.

All staff nurses have been reminded about the importance of signing for medications at the time of administration and advised to double check after each medication round in case of accidental signature omission. A risk assessment has been completed to address the risk of medication error and this has been recorded in the centre's Risk Register.

Signature omissions identified during inspection were recorded as medication errors and were investigated. The staff nurse(s) completed a medication management education programme, medication competency assessment by the CNM, and completed a medication incident form which includes reflective practice to encourage the nurse to analyse the incident and develop an action plan to prevent reoccurrence.

Proposed Timescale: 08/02/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risks identified during the inspection were not included in the register such as medication errors, storage of equipment and soiled laundry.

3. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A comprehensive review of the centre's Risk Register is in progress and all identified risks and hazards will be recorded on the Risk Register.

Risks identified during the inspection, including the risk of medication errors and storage of equipment and laundry are now included in the Risk Register and are reviewed and discussed at the monthly home management meetings.

Proposed Timescale: 28/02/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Bags of soiled laundry were stored in a clean linen room while other bags of soiled laundry were stored on the floor on a ground floor corridor. Some incontinence products were stored on top of a toilet cistern while more were stored on the floor

either side of the toilet bowl. Some toiletries in shared en suite bathrooms were not individually labelled or segregated. These issues posed a infection control risk.

4. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
On the second day of inspection, the process for management of laundry was reviewed to ensure appropriate segregation of soiled and clean laundry and the application of infection control procedures.
A review of the physical space available for storage of soiled laundry is being undertaken in order to identify a safe and permanent solution to the storage of soiled laundry. In the interim, soiled laundry is stored safely in a large trolley, which is stored separately from clean laundry.

All residents' toiletries will be labelled with the individual resident's name. In single occupancy rooms, toiletries are stored in residents' individual ensuite bathrooms. In shared occupancy rooms, toiletries are stored in the residents' lockers. Additional shelving has been provided in shared rooms to ensure residents' individual items are segregated and compliant with the centre's infection control policies.

On the second day of inspection, continence products identified as being stored in residents' ensuite bathrooms were immediately removed and are now stored in a secure and private area within the residents' rooms and are compliant with the centre's infection control policies.

All staff have received infection control & prevention training and are encouraged to be vigilant and proactive in their approach to infection control and preventing cross infection within the home.

Proposed Timescale: 28/02/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Regular fire drills had not taken place to ensure that all staff and in so far as was reasonably practicable, residents, were aware of the procedure to following the case of fire.

5. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
All staff receive 'Fire Safety Awareness Induction for New Starters', an educational & training session which includes awareness of fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques. Additionally the emergency evacuation plan is updated weekly to include all residents' personal emergency egress plans in the event of a fire or emergency that may require evacuation of the home. Each member of staff receives fire safety training by a fire safety officer and an evacuation drill is carried out by the instructor on the day, including instruction in the use of fire fighting equipment. Certified fire training is conducted as part of induction and updated on an annual basis.

Following inspection, an unannounced fire drill was conducted on 24th January 2017, including a horizontal evacuation procedure. The drill documented the attendees, date, time and duration of the drill. Learning outcomes and recommended actions were identified & documented following the drill.
Fire drills will take place on a quarterly basis.

The fire drills will be discussed at the monthly home management meetings to discuss outcomes, lessons learned and improvements required.

Proposed Timescale: 20/02/2017

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some medicines were administered in a crushed format which was not in accordance with the directions of the prescriber.

6. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All medicinal products will be administered in accordance with the directions of the prescriber and in accordance with advice provided by the pharmacist regarding the appropriate use of the product. The GP will authorise each drug that can be crushed where this is required.
Compliance with the centre's policies and procedures regarding medicines management will be audited on a bi-monthly basis.

Proposed Timescale: 08/02/2017

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An incident involving a resident who fell and required hospital treatment in June 2016 was not notified to the Chief Inspector.

A medicine error in which a resident was hospitalised had not been reported to the Chief Inspector.

The alleged neglect by some staff members had not been notified to the Chief Inspector.

7. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
All adverse incidents have been now reviewed and notified to the Authority as required. Follow-up information regarding the outcomes of the incidents will be provided to the Authority within the required timeframe

Proposed Timescale: 28/02/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was still one defective ill fitting and draughty external fire door located in the first floor day room.

Repair works were required to ensuring safe floor covering was provided throughout the building.

Call-bells were not always within reach of residents in their bedrooms. This was brought to the attention of staff on day one of the inspection but was again noted as an issue on day two of the inspection.

8. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The external fire door in the first floor day room has been surveyed and a replacement door is due for installation by 24/02/2017.

Repair works on floor covering was completed on 20/01/2017.

A review of the interior layout of all bedrooms with due regard to the residents' needs was undertaken and adjustments made to ensure residents have access to the call bell system at all times. The positioning of the call bell when the resident is in the bedroom is checked during resident safety checks and documented.

Proposed Timescale: 28/02/2017

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was displayed in the front entrance area but many residents did not have access to this area and could not easily see or read the complaints procedure. The comments box was also located in this same area and not accessible to residents. The inspector noted that it had been suggested at a recent resident meeting that suggestion boxes should be provided on each floor.

9. Action Required:
Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The comments box and complaints procedure have now been relocated to the main foyer area which is visible and accessible to all residents and visitors. A second comments box has been installed on the first floor

Proposed Timescale: 28/02/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Comprehensive details of complaints were recorded however, some inconsistencies were noted in that the investigation, action plan and outcome were not always documented.

10. Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
All staff have received education on reporting and recording of complaints and concerns.
All complaints will be fully and properly recorded, including details of investigations undertaken, outcomes, recommendations and lessons learned. The satisfaction of the complainant with the outcome of complaints will be documented. Complaints will be reviewed and learning outcomes will be discussed at monthly management team meetings.

Proposed Timescale: 28/02/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed some poor engagement and poor care practices which compromised the privacy and dignity of some residents. These specific instances of poor practice were discussed with the clinical nurse manager (CNM) during the inspection and with the management team at the feedback meeting.

11. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
All staff have been encouraged to ensure that the privacy and dignity of residents is respected at all times. The CNM will discuss aspects of practice with all staff and highlight the need for more effective engagement with residents at each handover and will monitor compliance with the centre's policy on respecting residents' privacy and dignity by undertaking an audit on Person-Centredness. Supervision arrangements are in place to provide oversight of care delivery and communication between staff and residents and their families.

Proposed Timescale: 28/02/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors had concerns regarding the staffing levels, work organisation and supervision of staff, these issues were discussed with the management team at the feed back meeting. The management team undertook to review staffing levels, work organisation and arrangements in place for supervision of staff.

During the days of inspection, some residents spoken with told inspectors that while staff were great, "they were always very busy", " nurses and carers haven't time for chatting", "feel they are short staffed". Relatives spoken with were satisfied with the care provided but some had concerns over the staffing levels in the centre. The inspector noted that some residents and relatives had raised concerns over staffing levels and supervision of residents in the day rooms at the recent residents committee meeting held in December 2016, " more staff are needed at peak times, carers appear under pressure", "no supervision in the first floor dayroom during the day and evening handover" and "staff are too busy to take a resident to the bathroom after lunch". Some staff spoken with told the inspector that they were always rushed and staff are always busy. When the inspector enquired why an allocated staff member had not supervised the first floor dayroom, the staff reported that she had to attend to the needs of other residents. Nursing staff reported that they were too busy on the first morning of inspection as the reason why the medication administration charts had not been completed in a timely manner. The inspectors noted that there had been a number of complaints logged regarding lack of staff supervision of communal day areas, incidents logged regarding recent un witnessed falls in the communal areas, there were times during both days of inspection when the first floor day room was unsupervised.

12. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Current staffing numbers, skill mix, work organisation and supervision of staff have been reviewed. Staffing numbers and skill mix are appropriate to meet the assessed care needs of the residents, based on the number and dependency levels of residents and the layout of the centre. Staffing levels will be monitored regularly on this basis. Work flows and the appropriate allocation of staff and delegation of care duties are currently being analysed. The person in charge will ensure that the care needs of all residents are met, particularly at peak times.
The person in charge will ensure that there is an appropriate falls management plan in place to provide adequate supervision to residents at risk of falls.
Nursing staff will be required to prioritise care delivery appropriately and to delegate direct care duties to care staff when they are undertaking skilled interventions or

practices, such as medication rounds, to ensure that they are not distracted from these duties and responsibilities and in order that residents can receive required treatment and care in a timely manner.
Supervision arrangements have been put in place to ensure that staff are allocated to communal areas of the centre.
Staff rostering is currently being reviewed and there will be a senior nurse on duty at all times to oversee the delivery of care within the home.

Proposed Timescale: 31/03/2017