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:	Harvey Nursing Home
Centre ID:	OSV-0000048
Centre address:	25 Upper Glenageary Road, Glenageary, Co. Dublin.
Telephone number:	01 280 0508
Email address:	rosemary@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ardeeshal Lodge Limited
Provider Nominee:	Seamus Brady
Lead inspector:	Deirdre Byrne
Support inspector(s):	Angela Ring
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
12 October 2016 07:30	12 October 2016 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 09: Statement of Purpose		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Guidance material on the thematic inspection process is published on the Health Information and Quality Authority's (HIQA) website.

The person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. During the inspection, inspectors met with residents, relatives and staff members. They

observed care practices and interactions between staff and residents who had dementia using a formal recording tool. Inspectors also reviewed documentation such as care plans, medical records and staff files.

Inspectors found residents with a dementia diagnosis received a good standard of healthcare and their social care needs were met. There was a good level of compliance with the regulations, and the majority of the actions from the previous inspection had been addressed. There were procedures in place to safeguard residents from abuse and a restraint free environment was promoted in the centre service. The staff were familiar with residents' social care needs. An activities coordinator facilitated activities in the centre and a programme of activities was displayed. Residents were supported to be involved in the running of the centre, and a complaints process was in operation.

The centre provides a service for people requiring long term care with some respite care for up to 32 people. On the day of the inspection there were 28 residents accommodated in the centre. All residents had a dementia diagnosis or a confirmed cognitive impairment. There was no special dementia care unit, and residents lived together in the centre.

An area of risk was identified regarding the blocking of some fire exits which the person in charge took appropriate action to address during inspection to mitigate any risks to residents. Aspects of the design and layout of parts of centre require improvement.

The actions from the previous thematic inspection of June 2014 were followed up. 16 of the 18 actions were addressed, with progress required in relation to storage space and the layout of some bedrooms. The four actions from this inspection are outlined in the body of the report, and 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 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Residents' wellbeing and welfare was maintained to a good standard of nursing care, with access to general practitioner (GP) and allied health services. Inspectors found aspects of the documentation of care plans required improvement. The actions from the previous inspection were followed up and found to be addressed.

Care plans were seen to cover healthcare needs, with information about residents social, emotional and spiritual needs included. A range of recognised assessment tools were used by nurses in identifying any changes or risks in areas such as nutrition, dependency, skin integrity and mobility. These were generally completed on a four monthly or more frequent basis. However, aspects of assessments and care plans documentation required improvement. For example:
- a small number of care plans and assessments were not reviewed for up to six months and some did not fully reflect the good practices of staff.
- the completion of nutritional assessment and falls risk assessments requires improvement.

There was a policy in place that set out how resident's needs would be assessed prior to admission and on admission. A review of the records showed residents were assessed prior to admission by the person in charge. All residents were assessed on admission and a care plan was developed. There was evidence that residents were seen within 72 hours by a general practitioner (GP).

There was pre-admission assessments and checklist in place for all residents, and there were also a common summary assessment form (CSAR) held on residents' files.

There were regular GP services available, or residents could retain the services of their own GP if they wished. Records showed that where medical treatment was needed it was provided. There was evidence of referrals made to other services as required for example, dietician, speech and language therapist and physiotherapist. There was also good access to geriatrician and psychiatry of older age services in the area also.

Records showed that where there were known risks related to a residents care, they were set out in the care planning documentation on admission. Inspectors were told nurse key workers completed assessments for residents and the care plans in relation to their identified needs, for example communication, daily living skills, mobility and pain management. There were care plans for communication with residents. This was an action from the previous inspection and addressed.

Consultation with residents or their families in care plan reviews was not adequately evident. The person in charge said families and residents were regularly updated on any changes made to their care plans but limited documentation was available to demonstrate that consultation had taken place.

Evidence was seen during the inspection that residents were closely monitored, and where there was a change in the presentation of the resident, action was taken quickly in response. Records showed that residents had been seen by a GP, or in some cases went to hospital for further assessments. Where residents had been admitted to hospital, transfer letters and residents' medicine prescription sheets were provided. The person in charge described the process to inspectors. It was noted copies of the letters were not maintained.

There were arrangements in place to manage and prevent the risk of falls. Care plans were in place and following a fall, the risk assessments were revised. During the time inspectors were in the centre, they saw evidence of staff supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting. Inspectors observed staff following best practice in the movement and handling of residents including the use of hoists. This was an action at the previous inspection and fully addressed.

There was evidence seen that residents were able to make choices about the care and treatment they received. Some had recorded their wishes around end of life care, and any discussions around 'do not resuscitate' requests had been signed by the GP. At the time of the inspection no resident was receiving end-of-life care.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were monitored on a monthly basis. Nutritional care plans were in place that detailed residents' individual food preferences. There was evidence of referrals and visits from dieticians and speech and language therapists. Nutritional and fluid intake records, when required were appropriately maintained.

Inspectors observed residents having their lunch in the dining room, and saw that a choice of meals was offered. A menu was displayed on the wall, which was updated daily by the chef. Residents were asked what choice of meal they would like to eat. Inspectors observed that staff sat with residents while providing encouragement or assistance with the meal. Where meals were to be served hot, this was also observed. In one instance a resident's hot breakfast was removed as the resident was falling sleep, with staff saying they would return with it later. This was an action at the previous inspection and addressed. The meals served were wholesome, nutritious and looked very tasty.

There was a system of communication between nursing and catering staff on the residents with special dietary requirements. The chef who was very familiar with the residents assessed needs, likes and dislikes, also described the range of meals prepared each day.

Inspectors spoke with nursing staff who administered medication, and noted there was a clear system in place for safe administration of medication. There was a policy in place that provided guidance. Inspectors reviewed the prescription sheets for a sample of residents with a nurse who was knowledgeable of the police and professional guidelines.

The residents' social care needs were assessed and planned for. Inspectors met the activities coordinator who outlined their role and the programme of activities that took place in the centre. This is discussed in detail in Outcome 3.

This outcome was judged to be compliant in the self assessment and inspectors judged it as moderate non compliant.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Inspectors were satisfied systems were in place to safeguard residents and protect them from the risk of abuse. There were good practices to manage of responsive behaviours and a restraint free environment was promoted.

A safeguarding policy dated 2015 was in place. It incorporated the principals of the Health Service Executive (HSE) safeguarding of vulnerable residents at risk of abuse, policy and procedures, 2014. Inspectors spoke with staff who were familiar with the different types of abuse and reporting concerns to management. Records read confirmed that staff had received training on recognising and responding to elder abuse. The person in charge facilitated the training which staff completed on an annual basis.

There had been one allegation of abuse in the centre since the last inspection notified to the chief inspector. The inspector found that person in charge was aware of the requirement to complete an investigation and was familiar with the procedures to be followed. Subsequent to the inspection, the provider informed the authority that the allegation was not upheld on investigation.

There were policies on the management of responsive behaviours and restrictive practices. Inspectors were informed by some nurses and care assistants that they had training in how to support residents with dementia. Training records read for the last 12 months showed some staff had attended training related to the care of people with dementia. This is discussed further in Outcome 5.

Inspectors saw staff dealing with all residents in a calm and dignified manner. Some residents had responsive behaviours due to their dementia. To support staff positive behaviour care plans developed. Where incidents had occurred these were documented and recognised tools use to record for trending purposes. There was evidence of specialist services input when required. Nurses spoken with were clear that they needed to consider the reasons why people's behaviour changed, and would also consider and review them for issues such as infections, constipation and changes in vital signs.

There was a policy on restrictive practices. It made reference to the national policy 'Towards a Restraint Free Environment' in Nursing Homes 2011. It was evident the provider was promoting a restraint free environment in the centre. The use of restrictive practices was limited to the use of bedrails, and only five residents required bedrails in the centre. The records of assessments were read and there was evidence of the alternatives considered. There was documented consultation with residents or relatives where required. This was an action from the previous inspection and addressed.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Inspectors found residents' privacy and dignity were respected.

There were improved practices in how residents' personal information was respected and stored, and residents' files were stored in a secure room. This was an action from the previous inspection. It was noted by inspectors that some resident's personal information was displayed in the nurses' station which could be accessed by all staff.

There was a residents' committee and inspectors read minutes of meetings that had taken place. Inspectors noted that there where issues were raised there was no record of feedback to the residents on the action taken. The person in charge assured inspectors action was always taken and would ensure these were recorded in future.

There was an independent advocacy service available to all residents. The advocate facilitated the residents' committee meetings.

Residents' religious and civil rights were supported. Residents were supported to attend religious services in the area. A mass was held were possible in the centre, and communion was offered to residents every Sunday.

The person in charge outlined the arrangements in place for residents to vote at election time. Residents could choose to vote in the centre or at a local polling station.

As part of the inspection, inspectors spent two periods of time observing staff interactions with residents with a dementia. The observations took place in the two sitting rooms. Observations of the quality of interactions between residents and staff for the selected periods of time indicated that 50% of interactions demonstrated positive connective care and, 50% of the time reflected task orientated care. The results were discussed with the person in charge and provider at the feedback meeting.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told the inspector they were free to plan their own day, to join in an activity or to spend quiet time in their room. Staff told the inspector that breakfast times were at the residents choosing and could go on till the late morning most days. Inspectors saw residents going to the dining room for breakfast or being supported having breakfast mid morning.

Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup.

Newspapers and magazines were available and the inspector saw some residents reading the paper. There was a varied activities programme with arts and crafts, exercise, bingo, and music included. As reported in Outcome 1 inspectors spoke with the activity co-ordinator and found that they were well informed. The smaller of the two sitting rooms was used primarily by residents with higher dependency and cognitive impairment. Inspectors observed very meaningful interactions with residents in the room such as having hand massage, sensory games, and interactive boards. An activities programme was displayed on the residents' notice board that outlined the activities planned for the month. Activities available included music, exercise, bingo, art. In some cases, residents were seen to choose not to take part in activities, or social interactions taking place, and spent time doing something of their own choosing such as moving round the centre or resting in their room. A number of external service providers visited the centre to carry out art classes and aromatherapy.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantially compliant

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A comprehensive complaint's policy was in place that met the requirements of the regulations, and outlined the procedures for recording and investigating complaints.

There were complaint's procedures displayed in the reception area. It included the contact details of the centre's complaints officer and the independent appeals process.

There were records maintained of complaints received. Four complaints had been received so far 2016. There was evidence of an investigation, outcomes of the investigation, the actions to be taken by the provider and the satisfaction status of the complainant.

The person in charge who was the complaint's officer stated all verbal complaints were resolved by staff local level before they needed to be escalated to her. It was noted these were not documented.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Inspectors were satisfied there was an appropriate number and skill mix of staff to meet

the assessed needs of the residents, including residents with a dementia.

An actual and planned roster was maintained with any changes clearly indicated. Inspectors reviewed staff rosters which showed that absences were covered. Staff were supervised to their role.

Inspector reviewed a sample of staff files and found that all were complete. There was evidence of best practice in the recruitment of staff and the information required by the regulations. All staff and external serviced providers had An Garda Siochana vetting as per the regulations. The action from the previous inspection regarding verification of references was addressed. There were procedures which included sourcing of appropriate references and verification of the information supplied.

The person in charge promoted and encouraged the ongoing training to staff. The training records read demonstrated that training had been undertaken and staff spoken with confirmed this. This included training in nutrition and responsive behaviours. There was specific training on dementia provided to staff in July 2016.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

A number of outsourced service providers attended the centre and provided valuable activities and services which the residents said they thoroughly enjoyed and appreciated. These person were had An Garda Siochana vetting

This outcome was judged to be compliant in the self assessment and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

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:
Inspectors found the centre was well maintained, in a clean condition, and in good repair. However, the layout and décor of some multi-occupancy bedrooms required improvement. Some consideration was required to further enhance the experiences of residents with a dementia.

This nursing home is a two storey building. The residents' accommodation was provided over two floors, and a chairlift was available to transfer residents between floors. There was no dementia specific unit within this nursing home, and all residents lived together, with access to all areas of the centre. The accommodation consisted of single and twin bedded rooms and one three bedded room. An action from the previous inspection with regards to one three bedded room was addressed and this room was now reduced to a two bedded room. This room was visited and found to meet the needs of its residents.

However, improvements were identified in the layout of two other multi-occupancy bedrooms. The layout of a two bedded bedroom did not ensure residents had room to personalise around their bed. There was no space for a locker beside the head of the bed and the call bell could not be reached. One call bell in the bedroom was not working.

A three bedded room required refurbishment and redecoration to ensure that it was maintained to a good standard as there was evidence of worn bedding and chipped furniture and walls. This was discussed with the provider who agreed to review the bedroom and redecorate as appropriate.

Inspectors observed that a number of residents added small personal touches to their rooms, such as furniture, photos and ornaments. There was sufficient storage space for residents' clothes. Each resident had their own wardrobe. This was an action from the previous inspection and completed.

The premises were found to meet the needs of the needs of residents with a dementia at the time of the inspection. Further consideration, however in the design and layout to enhance dementia design could be given, for example in the consistent use of signage or pictures to identify toilets and bedrooms, the use of contrasting colours to make bedrooms more easily identifiable to residents and providing points of interest along some communal corridors for residents to interact with.

There was sufficient communal dining and sitting areas available for the number of residents accommodated. This included a large bright living room, a smaller sitting room. There was a separate dining room provided. To ensure residents were all accommodated, mealtimes at lunch and evening meal were staggered. This was an action at the previous inspection and addressed. There was a visitors' room available for residents to meet family or friends in private. There was signage to direct residents around the centre.

An adequate number of assisted showers, baths and toilet facilities were available. Two bedrooms located on a return floor and accessible by chair lift have access to a toilet. This was an issue at the previous inspection and addressed. There were grab rails were installed in all toilets. There were handrails provided on staircases and communal areas where required.

There was an enclosed garden, accessible from the ground floor, safe for residents with a dementia to access independently. The premises and grounds were clean and well maintained.

Storage remains a problem with equipment including hoists, walking aids and wheelchairs on the corridors. There were a considerable number of commodes in bedrooms. This had been an action at the previous inspection and was not fully addressed.

The laundry room was located at the rear of the building was also visited. Inspectors found there was room for separation of clothing and shelving was provided to store linen. This was an action at the previous inspection and addressed.

The building was safe and secure. There were arrangements enabled residents to move around freely within a safe environment. There was suitable assistive equipment available to meet the needs of the residents. These were all maintained in good working order and service records seen by inspectors confirmed regular servicing was carried out.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as moderate non compliant.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
Inspectors followed up on the actions required from the previous inspection. An area of improvement was identified at this inspection.

It was noted at the previous inspection that staff did not adhere to safe practices in moving and transporting of residents, safe use of hoists and risk assessment of the premises including identification of objects such as extension cables and leads which place residents at risk of injury. Inspectors found that these had all been addressed during this inspection.

It was also noted at the previous inspection that the laundry was not protected by the presence of a fire alarm and all equipment identified for evacuation was not in place. This had also been addressed.

At this inspection, two areas of potential risk were identified by inspectors. Three fire exits (two internal and one external) were blocked by equipment. This was immediately addressed by the person in charge when brought to her attention. The storage of

oxygen cylinders in the centre required review to ensure it is in line with best practice. This was brought the provider's and person in charge's attention during the inspection.

Judgment:
Non Compliant - Moderate

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
This outcome was not inspected except to review the action required from the previous inspection.

At the last inspection it was noted that the statement of purpose did not detail the procedures for emergency admissions and the precise facilities available to residents. Inspectors saw that this was now completed and a revised statement of purpose was in place.

Judgment:
Compliant

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:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Harvey Nursing Home
Centre ID:	OSV-0000048
Date of inspection:	12/10/2016
Date of response:	12/01/2017

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were improvements required in the completion of assessments and care plans as some were not reviewed every four months., did not reflect the good interventions of staff, did not guide practice and had inadequate evidence of consultation with residents or their representatives.

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 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
We will ensure that the paperwork in care plans reflects the changing practices carried out by staff on ground as acknowledged in the report and that this is updated every four months. In addition, the relevant conversations and consultations that take place with relatives is also recorded in the care plans.

Proposed Timescale: 30/11/2016

Outcome 03: 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:
The storage of residents' personal information and records requires review to ensure privacy.

2. Action Required:
Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

Please state the actions you have taken or are planning to take:
We will ensure that the information in the nurses' station, which is only used by the nursing staff, does not show residents' names.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provision of storage space for equipment required improvement.

A call bell was not working in one bedroom.

The layout of one two bedded room did not fully meet the needs of residents

The décor and refurbishment of a three bedded room required improvement.

3. 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:
As part of our continuous improvement program there has been ongoing changes and improvements made to the home as acknowledged in the report. As part of that program the 3 bedded room referred to in the report has also been redecorated since the inspection, including new furniture, as required.

The 2 bedded room referred to in the report is laid out in accordance with the resident wishes. The room can accommodate all the necessary furniture, but her preference is for the current layout with the locker removed, which is being stored. This will be reverted as the resident's condition changes and will be reviewed again as part of her care plan review.

At any stage a call bell can malfunction but the call bell system is checked and serviced regularly and is fully functioning.

Storage areas have been increased and a new storage area is currently being added to.

Proposed Timescale: 31/12/2016

Outcome 07: 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:
The storage of oxygen cylinders in the centre required review to ensure it is in line with best practice.

4. 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:
The storage of oxygen cylinders is in line with regulations. It has been risk assessed and included in our safety statement. We are however happy to conduct a further review with our fire officer to ensure it is in line with best practice.

Proposed Timescale: 31/12/2016