

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mount Carmel Supported Care Home
Centre ID:	OSV-0000546
Centre address:	Prologue, Callan, Kilkenny.
Telephone number:	056 772 5301
Email address:	mountcarmelcallan@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mount Carmel Community Trust Company Limited by Guarentee
Provider Nominee:	Matthew Doran
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 October 2017 09:00 To: 23 October 2017 16:20

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
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	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Mount Carmel is a voluntary centre, established for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 20 residents who require minimal assistance in a homely environment. This report sets out the findings of an announced registration renewal inspection which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. The inspector also followed up on areas of non-compliance identified at the previous inspection which took place in October 2016.

There is independent supported accommodation also provided on-site and a day care service is operated from the premises twice weekly. On the day of inspection there were 18 residents living in the centre. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident.

The centre was granted registration under the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) (Amendment) Regulations which stipulated that if the centre provided care only to residents who do not require full-time nursing care the person in charge is not required to be a registered nurse. Residents provided feedback on the service during conversations with the inspector and in feedback questionnaires received by the inspector on the day of inspection. The inspector found that residents could exercise choice in a meaningful way. Residents described what time they got up and went to bed and how they spent their day.

They also said that they were encouraged to go out on trips and keep in contact with the local community. Residents told the inspector that being able to do this contributed greatly to their wellbeing. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents said that staff were accessible and attended to their needs promptly. They also said that any concerns or worries they had were addressed by staff when brought to their attention. Residents that spoke with the inspector were very positive and complimentary regarding the care provided and the kindness and availability of staff and management. The action plan at the end of this report identifies areas where improvements must be made to meet 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 (2016).

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre and for the most part contained all the requirements of Schedule 1 of the regulations. It did not contain the information as set out in the certificate of registration. It was kept up to date and the inspector found that the way services were delivered reflected the aims and objectives that were outlined in the statement of purpose.

Judgment:

Substantially Compliant

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):

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

Findings:

On the previous inspection it was found that the audit activity was limited in scope and required further development. This action was not addressed.

Mount Carmel Supported Care Home is a voluntary centre operated by a board of directors. The board of directors oversee the organisational and financial management of the centre. The board meet on a monthly basis. The person in charge attends these meetings. Minutes of meetings were available for inspection. The person in charge said that the provider nominee would call to the centre on a daily basis and was always available by phone.

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. The inspector was informed that following a recent fundraising event the centre was going to be painted and residents would be consulted regarding colours for their rooms.

There were systems in place to review the safety and quality of care and support to residents. There was evidence that some audits were carried out. However, the inspector found that the audit activity was limited in scope and required further development. This was also identified on the previous inspection.

Where deficits in practice were identified such as medicines management there were no action plans with responsible persons outlined and timescales for completion as observed by the inspector. This would positively inform improvements in the safety and quality of care or the quality of life of residents. This was discussed with the person in charge and assistant manager at the feedback meeting

There was some evidence of consultation with residents and relatives. Satisfaction surveys were carried out in 2016. Residents and relative questionnaires received by HIQA reflected a high level of satisfaction with care received in the centre. Policies were in the process of being reviewed and updated. However, there was no annual review for 2016 available in relation to the quality and safety of care delivered to residents as required by legislation.

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 took up the position since the last inspection in the centre. He

assumed this role in July 2017 and had completed a fit person interview in HIQA head office prior to this inspection.

The person in charge facilitated the inspection process by providing documents and having knowledge of residents' care and conditions. The inspector found that he was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

He demonstrated an adequate understanding of his responsibilities as outlined in the Health Act, 2007, regulations and standards. The person in charge had deputising and on call arrangements in place to ensure management of the centre during his absence.

Staff and residents identified him as the person who had responsibility and accountability for the service and said that he was approachable. The inspector observed that he made himself available to residents whenever they needed to discuss anything with her. The inspector was satisfied that he was engaged in the governance, operational management and administration of the centre on a day-to-day basis.

Judgment:

Compliant

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 provider and person in charge demonstrated they were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence. The deputy person in charge was a senior care staff member. During periods of leave the inspector was informed that the senior carer undertook the duties and roster of the person in charge and these arrangements were satisfactory.

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):

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures. Staff also had access to the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). Safeguarding training was provided on an on-going basis in-house to all staff. Training records recorded that all staff had received up-to-date training in a programme specific to protection of older persons.

Staff who spoke with the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The person in charge informed the inspector that there were no residents who displayed responsive behaviours. Training had been provided for all staff in this area as observed by the inspector. There was access to mental health services if required.

A policy, which gave guidance to staff on how to manage responsive behaviours was also available. There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment. The inspector saw that restraint was not common place in the centre and none were in use on this inspection. The inspector saw that the systems in place to manage residents' finances were robust and there were no additional fees payable by residents. A review of a sample of financial records indicated that systems were transparent and detailed and undertaken with the residents consent.

The assistant manager was acting as a pension agent for five residents. All of the required documents were in place and all monies were given to the resident before fee payments were deducted as observed by the inspector. Most residents managed their own finances and the inspector noted that the staff offered whatever practical support was necessary including taking residents to the post office if this was needed.

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):

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

Findings:

On the previous inspection it was found that fire drills which simulated night time working conditions were not carried out. This action had not been completed.

The inspector found that the health and safety of residents, staff and visitors in the centre was generally promoted and protected. There was an up-to-date health and safety statement dated October 2017. There was information on general hazard identification that outlined general and clinical risk areas. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. All staff had been trained in manual handling. There was a lone working policy available and emergency alarm response systems for staff working alone at night. There was a risk management policy which met the requirements of legislation.

The inspector examined the fire safety register with detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in February 2017. Records viewed recorded that the fire alarm was last serviced in August 2017 and the emergency lighting was last serviced in September 2017. Each resident had a personal emergency evacuation plan (PEEP) in place. All staff had received fire training on an annual basis. Fire drills were carried out at suitable intervals as defined by the regulations. However, the record of the most recent fire evacuation drill completed in September 2017 was not adequate for the following reasons:

- the fire drill record did not detail the fire scenario that was simulated
- the fire drill record did not record any identified issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result.

The inspector saw that fire drills did not reflect all possible fire scenarios which would include simulated night time working conditions particularly as staff worked alone during the night in this service. Residents were not involved in fire training or fire drills.

The communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene in the centre. There were policies in place on infection prevention and control and hygiene/cleanliness audits were carried out. Hand gels, disposable gloves and aprons were appropriately located within the centre.

Each resident's moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. Measures had been put in place to facilitate

the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms.

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):

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

Findings:

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined.

There was evidence of residents' medicines being reviewed by the pharmacist and GPs on a regular basis. Medicines were stored securely in the centre in a medicine trolley in a locked room. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register. There were procedures to ensure medication practices were reviewed and monitored.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland. The inspector observed that medicines management audits were carried out by the assistant manager. However, the inspector observed that trends were emerging from medicine audits and there were no action plans correlated following the audits. Therefore there were no improvements implemented which would maximise safety and quality of care for residents. This is actioned under Outcome:1. All care staff were trained in medicines management. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines.

Judgment:
Compliant

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 dependency levels recorded in the centre were in line with the centres' statement of purpose. All residents had been assessed as having low dependency needs. There was a low reported incidence of healthcare issues. As the centre provided care for residents of low dependency there was a comprehensive protocol in place for the management of increasing dependency need and assessments undertaken for resident's requirement to move to nursing care. Residents to whom the inspector spoke were satisfied with the health and social service provided.

Three GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. Residents were also encouraged to visit the GP if needed themselves. Records confirmed that residents were assisted to achieve and maintain the best possible health through medicine reviews, and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinic and physiotherapy.

The inspector also saw that residents had easy access to other community care based services such as dentists and opticians. There was some evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. The inspector observed that not all care plans were updated on a four monthly basis as required by the regulations.

The inspector reviewed residents' records and found that where residents were referred to these services the results of appointments were recorded in the residents' notes. The inspector reviewed a sample of care plans and saw that they had been updated to

reflect the recommendations of various members of the multidisciplinary team.

Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the centre and outside. Residents' social care needs were met and residents had opportunities to participate in some activities, appropriate to their interests and preferences. The centre had a seven seater car and residents regularly went out with staff to do shopping or just for a spin. There were two day trips done annually. Residents told the inspector that they really enjoyed the trips out.

The inspector recommended that the activity programme could be further developed to ensure that all residents are given an opportunity for participation in meaningful and purposeful activity. This was recommended on the previous inspection also. Some residents told the inspector that there was not a lot to do. Healthcare staff directed activities as observed by the inspector which included music, cards, bingo and reminence. The person in charge told the inspector that they were in the process of reviewing activities to ensure that activities met the needs of residents. The inspector saw documentary evidence that the assistant manager was meeting residents on an individual basis to assess their social care needs.

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):

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

Findings:

The complaints policy provided guidance on the management of complaints and was clear and accessible to both residents and their families. This procedure was readily displayed in the front foyer of the centre. There was a complaints log that was used to record any complaints.

The inspector read a sample of complaints that had been received and found that issues raised had been appropriately responded to by the person in charge or deputy. Details recorded included the nature of any complaint and actions taken and the satisfaction level of the complainant with the investigation was recorded as required by legislation.

Judgment:

Compliant

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):

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

Findings:

Mount Carmel Supported Care Home accommodates low dependency residents and there is not a requirement for nursing staff to be present in the centre at all times. An actual and planned roster was maintained in the centre. There was a nurse employed on a consultancy basis 15 hours per week. The manager and assistant manager worked on a full-time basis and there were on call arrangements over the weekend. There was a care assistant on duty at all times during the day and night.

Additional staff employed in the centre included an administrator and a cook. There were a number of staff working in the centre from the local Meitheal employment scheme also. These staff also had a supervisor who came to the centre on a regular basis. The inspector was satisfied that there were adequate staffing levels and skill-mix to meet the needs of residents.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Residents told the inspector that call-bells were answered in a timely way. There was evidence of good communication amongst staff with staff attending handover meetings. The inspector viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed.

Staff appraisals were in the process of being rolled out. Staff told the inspector that they were well supported and that a good team spirit existed among staff. Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Staff were facilitated with training such as first aid, medicines management, responsive behaviours, infection control and health and safety.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus

Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for the nurse was viewed by the inspector.

The provider representative and person in charge confirmed that all staff and volunteers including those recently recruited, had the required vetting disclosure as required under the 2013 Regulations and the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

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:

Ide Cronin
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 report¹

Centre name:	Mount Carmel Supported Care Home
Centre ID:	OSV-0000546
Date of inspection:	23/10/2017
Date of response:	13/11/2017

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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain the information as set out in the certificate of registration.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

The statement of purpose has been amended as required.

Proposed Timescale: 13/11/2017

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:

There was no annual review available for 2016.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

As above the comprehensive audit across all areas of service delivery will inform the annual review for 2017.

The current person in charge was not in post in 2016 and is in process of recovering information, and records from that period, annual review for that period will be made available to all key stakeholders by 30/11/17.

Proposed Timescale: 30/11/2017

Theme:

Governance, Leadership and Management

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

The inspector found that the audit activity was limited in scope and required further development to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

3. Action Required:

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:

Comprehensive audit of practice across all areas of service underway using national

standards for residential care services for elderly people. This will be complete by 18 December 2017.

Audit templates to be developed and/or sourced, for key areas of service delivery and timetable for audits to be put in place by 31 December 2017. Included in templates will be clear action planning sections, to ensure that any areas of concern highlighted are dealt with appropriately and in a timely manner.

Proposed Timescale: 31/12/2017

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:

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 and that the fire drills include the following:

- the fire drill record did not detail the fire scenario that was simulated
- the fire drill record did not record any identified issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result.

4. 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:

The night time fire drill highlighted above will be observed and supported by local fire brigade personnel. They will provide feedback and advice on effectiveness of staff performance and procedure in place.

Person in Charge has developed post fire alarm activation review form. This will be filled in after every fire activation and will outline the scenario, timing and response to activation including any learning or actions which result.

Fire alarm activations and drills are inserted as a standing item on health and safety committee meeting agendas.

Proposed Timescale: 10/12/2017

Theme:

Safe care and support

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

Fire drills which simulated night time working conditions were not carried out.

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:

Fire drill planned for night time conditions with participation of local fire brigade personnel.

Proposed Timescale: 10/12/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector observed that not all care plans were updated on a four monthly basis as required by the regulations.

6. Action Required:

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:

A comprehensive review of all care plans is underway, including a review of care plan procedure, contents and layout as well as all aspects of residents care.

All resident care plan review completion and future review dates will be recorded and inserted into online diary and reminder emails will be received by person in charge prior to plans expiring.

Proposed Timescale: 30/11/2017

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was inconsistent evidence in relation to residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

7. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

Please state the actions you have taken or are planning to take:

The resident consultations re their plans are scheduled and in addition a number of meetings with family members have taken place and are scheduled as part of the review process.

Individual meetings with all residents regarding activities and meaningful use of time took place in October and this information will inform all care plan reviews.

Proposed Timescale: 30/11/2017