

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bishopscourt Residential Care
<b>Centre ID:</b>	ORG-0000200
<b>Centre address:</b>	Liskillea, Waterfall, Cork.
<b>Telephone number:</b>	021 488 5833
<b>Email address:</b>	info@bishopscourt.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Bishopscourt Residential Care Limited
<b>Provider Nominee:</b>	Catherine O'Connor
<b>Person in charge:</b>	Shelia O'Reilly
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	Louisa Power
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	60
<b>Number of vacancies on the date of inspection:</b>	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 judgements 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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 1 day(s).

**The inspection took place over the following dates and times**

From: 07 January 2014 08:30 To: 07 January 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents, relatives, person in charge (PIC) and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The following is a summary of these required improvements:

- training was required for staff in relation to adult abuse, infection control and cleaning practices
- cleaning equipment was unsuitably stored and there was an insufficient number of cleaning cloths available for staff use
- the restraint policy required updating
- there were a number of outstanding premises issues

- improvements were required in the dining experience made available to residents
- two staff files did not contain required information

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The PIC confirmed that the statement of purpose was kept under review and provided the inspectors with a copy that had been updated since the last inspection. The inspectors noted that a copy of the statement of purpose had been made available to residents. The inspectors noted that the statement of purpose met the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a full-time PIC who was the director of nursing and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. The PIC was engaged in the governance and operational management of the centre on a regular and consistent basis. The PIC informed inspectors that she fulfilled

this role with the assistance and cooperation of her staff and by actively participating in the effective management and development of services within the centre. Since the last inspection there had been four Clinical Nurse Managers (CNMs) appointed to support the PIC in her management role. Staff to whom inspectors spoke had a clear understanding of management and reporting relationships and confirmed that the PIC was readily available to support all staff. In the absence of the PIC, the CNMs or the senior staff nurse on duty undertook her responsibilities. During this inspection the inspector noted that the PIC demonstrated a positive approach towards effectively meeting regulatory requirements. The PIC had continued her professional development and had attended a number of training opportunities including short courses on nutrition and end-of-life care, audit training, cardio pulmonary resuscitation (CPR), manual handling, non-crisis intervention, medication management, quality improvement and infection control. During this inspection the PIC also demonstrated a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### **Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The PIC stated that she worked closely with her CNMs and staff in monitoring safeguarding practices. During the day of inspection, the inspectors observed the PIC speaking and interacting with residents and visitors in a sensitive and considerate way and generally dealing with care and welfare issues in a respectful manner. Residents to whom inspectors spoke confirmed that they felt safe in the centre and spoke positively about the care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. Staff interviewed by inspectors were generally able to confirm their understanding of the features of adult abuse and their reporting obligations and how they might deal with a suspected incident of abuse. Staff were observed knocking on bedroom doors prior to entering, speaking with residents and visitors in a sensitive and considerate way and dealing with care and welfare issues in an appropriate manner. Inspectors viewed the policy for responding to allegations of adult abuse that was dated as having been reviewed by the PIC in May 2012. This policy was centre-specific, generally comprehensive and provided details in relation to the various stages/actions required by staff in effectively responding to an allegation to adult abuse. Inspectors noted that there was a planned training session for staff

arranged for later in January. One staff member to whom inspectors spoke had not received training in identifying and responding to adult abuse.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

There was centre-specific health and safety documentation including a policy on risk management which was dated as having been reviewed by the PIC in August 2013. Since the last inspection the policy on risk management had been updated to include the management of hazards and the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspectors viewed a risk register which identified hazards such as slips, trips and falls and manual handling risks, with detailed measures/controls aimed at reducing such hazards.

The inspectors noted that lifting hoists were provided and there were service records available for such equipment used by staff. The PIC informed inspectors that since the last inspection arrangements had been made to ensure that the slings used to take the weight of residents being lifted on hoists were individualised to each resident. Staff to whom the inspectors spoke stated that they had received manual handling training and training records viewed by inspectors confirmed that training had been provided. Staff were also observed assisting residents to mobilise in an appropriate and safe manner.

Inspectors noted that fire training for staff had been provided and staff with whom inspectors spoke confirmed their attendance at such training and their understanding of fire procedures. Fire alarm testing was conducted regularly and service records in relation to fire fighting equipment were up-to-date and routine checks of such equipment had been recorded. Inspectors were informed that during each shift, staff were assigned to fulfil the role of fire marshals and that they had responsibility to coordinate an effective response in the event of a outbreak of fire.

Inspectors noted that the environment was kept clean and adequately maintained, with flooring and lighting in good condition and there was a working call-bell system. There were adequate supplies of latex gloves and disposable plastic aprons. The PIC informed inspectors that the number of alcohol hand gel dispensers had been increased since the last inspection and staff were observed using alcohol hand gels appropriately. The PIC

informed inspectors that she risk assessed the storage of latex gloves. Inspectors noted that there were some measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, such as clinical waste and staff spoken to had received infection control training. However, inspectors noted in one sluice room that two mops were unsuitably stored so as to prevent cross contamination. A number of staff to whom inspectors spoke, provided inadequate responses regarding suitable cleaning practices and the prevention of cross contamination in relation to handling of soiled linen. In addition, inspectors noted that there were insufficient number of cleaning cloths available for staff use.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

Inspectors noted that residents were provided with a choice of pharmacy service providers and a new medication trolley had been obtained since the last inspection. There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Inspectors noted that this policy had been signed and dated as reviewed by the PIC in August 2012. There were medication audits with the most recent conducted in December 2013. Nursing staff to whom inspectors spoke, demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. All residents had photographic identification in place. The medication fridge kept medication at the appropriate temperature and there were suitable written records available in relation to monitoring the fridge temperature. Controlled drugs were stored safely in a locked box within a locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with best practice.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on wound prevention and management, restraint practices and carer plan report writing. From speaking with residents, staff and from the documentation reviewed, it was evident that residents had access to allied healthcare services including physiotherapy, occupational therapy, optician and chiropodist services. Inspectors noted that residents' weights were monitored and recorded at a minimum each month and more often if required. The PIC informed inspectors that care plans were reviewed every three months by the resident's key worker. That the CNM's had responsibility to ensure that resident's care plans were reviewed and updated to reflect changing needs of residents. Inspectors reviewed a selection of care plans which were computerised, generally comprehensive and centre-specific. There was evidence of a range of assessment tools being used and ongoing monitoring of falls and where appropriate, fluid intake. In addition, risk assessments had also been conducted for example, in relation to the use of restraint, falls risk and nutritional needs assessments. Inspectors found that the residents' healthcare needs were adequately met and residents to whom inspectors spoke, said they were satisfied with the healthcare services provided

Regarding restraint practices, bedrails were used for residents requesting them or for residents requiring them. There was a centre-specific restraint monitoring chart that required staff to observe residents according to their assessed needs. There was evidence of residents' involvement in their care plans in relation to the use of bedrails and inspectors noted that residents' signatures had been obtained in relation to consenting to their use. There was a centre-specific restraint policy dated as reviewed in June 2013 which stated that the centre aimed for a restraint-free environment and included a direction to consider all other options prior to using restraint. However, this policy was not adequate as it did not detail the arrangements in place for the monitoring and observing of residents when bedrails were in place.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The premises were single-storey, purpose-built and situated in a rural setting. At the front of the building there were landscaped gardens and footpaths for use by residents and visitors. There were separate car parking spaces for residents, visitors and staff, which afforded adequate car parking. The premises was bright and clean and the décor was compatible with the aims of the statement of purpose. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. The bedrooms were suitable and a number had been personalised and furnished by residents. The PIC informed inspectors that since the last inspection they had changed the function of one former small sitting room into a store room enhancing the provision for storage of such equipment. Inspectors noted that equipment for use by residents or people who work at the centre was in good working order and records were up-to-date for servicing of for example, the beds, hoists and assisted chairs. Inspectors noted that new signage had been erected in a number of key areas to assist residents and visitors navigate the premises. In addition inspectors also noted that railings had been erected at the entrance and exit doors into the secure garden. However, there were a number of premises issues including:

- there was no assisted bath
- the sluicing facilities were not adequate as the sink/water tap configuration was not suitable to manage soiled linen and there was inadequate storage provision for urinals and there was no bed pan washer for commode/bed pans
- the laundry room was not adequate as both dirty and clean laundry were handled in the same small room and posed a risk of cross contamination and there was inadequate space/storage/racking provision for sorting, drying and the management of laundry.

**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

**Judgement:**

Compliant

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

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

**Findings:**

Inspectors noted that the complaints policy had been reviewed by the PIC in April 2013 and an outline of this policy was publicly displayed near the entrance. The PIC stated that she closely monitored any complaints and dealt with any issues raised as soon as possible. In addition, the PIC stated that she was readily available to speak with residents, visitors and staff at any time and gave examples of attending the centre outside of hours so as to meet visitors. The complaints log was computerised and inspectors noted that guidelines for staff in relation to the recording and management of complaints were available. Inspectors reviewed the complaint log which recorded a small number of complaints and included details in relation to the nature of the complaint, the persons involved, the outcome from any investigation and how the PIC had endeavoured to try resolving each of the complaints recorded. In addition, the complaint log recorded the levels of satisfaction of the complainant in relation to the resolution of the complaint.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors spoke with the chef who detailed how she and her staff were aware of residents' menu choices and any particular dietary needs that they might have. The chef also described the work flow in the kitchen in effectively meeting residents' dietary needs. Inspectors noted that the kitchen was clean and suitably equipped with enclosed serving trolley for serving of meals and there were staff hand-washing facilities provided. There was a dining room located adjacent to the kitchen and most residents dined there. Inspectors viewed policy and guidelines for the monitoring and documentation of residents' nutritional intake including a policy on the provision of therapeutic and modified diets that was reviewed by the PIC in may 2011.

Staff used the malnutrition universal screening tool (MUST) which was an established weight monitoring/assessment tool that formed part of a comprehensive holistic resident's assessment on admission. Residents' weights were checked on monthly basis or more regularly if required and weight records were maintained.

From a selection of care plans and medical records viewed there was evidence of appropriate allied healthcare referrals. Such referrals included dietetic and speech and language therapists' reviews, the outcome of which was recorded in the residents' care plans. Inspectors reviewed the dining experience during lunchtime and noted some staff appropriately assisted dependant residents in a dignified manner. However, inspectors also noted that a number of staff did not provide suitable assistance. Inspectors observed that some staff stood beside the resident while assisting them and did not enhance the dining experience for these residents. In addition, staff were observed cleaning tables and scraping dirty dishes while some residents was still seated finishing lunch.

**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.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

There was a policy on staff induction and the PIC stated that all new staff were provided with an induction programme and staff appraisals were also conducted once a year. Inspectors noted there were also centre-specific policies in relation to staff appraisal and on staff recruitment. The PIC outlined how she actively ensured staff recruited to work in the centre were suitably qualified and appropriate to their role, including the process for verifying staff references. She stated that she always followed up references with a phone call to referees. While the four CNMs supported the PIC in her management role they were also key workers for up to fifteen residents. Staff to whom inspectors spoke were able to clearly articulate the management structure and reporting relationships and confirmed that copies of both the Regulations and the Standards had been made available to them. The PIC informed inspectors that there were a number of students/volunteers working in the centre. She stated that all students/volunteers received supervision and support while providing assistance to residents and were vetted appropriately to their role and level of involvement. Since the last inspection inspectors noted that there were suitable written arrangements in relation to students/volunteers and persons on work experience. There was evidence that staff meetings were held and were chaired by the PIC. The PIC informed inspectors that she

met with staff generally every quarter. The PIC informed inspectors that staff education and personal development were facilitated and provided records of staff training which listed the following:

- wound care
- manual handling
- adult abuse
- fire training
- cardio pulmonary resuscitation (CPR)
- dementia care
- infection prevention and control

Inspectors reviewed a selection of staff files and noted from these files that not all documents as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available as suitable references were unavailable in two staff files.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Vincent Kearns  
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<sup>1</sup>

<b>Centre name:</b>	Bishopscourt Residential Care
<b>Centre ID:</b>	ORG-0000200
<b>Date of inspection:</b>	07/01/2014
<b>Date of response:</b>	21/02/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

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

To make all necessary arrangements, by training staff so to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Action Required:**

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

Elder Abuse Training has been completed for all Staff

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

**Proposed Timescale:** 31/01/2014

### **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:**

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring suitable training, procedures are provided in relation to cleaning practices and the prevention of cross contamination while handling of soiled linen.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Training for all cleaning staff in Cleaning Infection Control will be given.

**Proposed Timescale:** 31/03/2014

### **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:**

To ensure that the restraint policy detailed the arrangements to be in place for the monitoring and observing of residents when bedrails were in place.

**Action Required:**

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

Restraint and Bed Rails Policy has been merged and updated.

**Proposed Timescale:** 28/02/2014

### **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:**

To ensure the physical design and layout of the premises meets the needs of each resident by providing a sufficient number of assisted baths.

**Action Required:**

Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

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

Assisted bath ordered to be installed

**Proposed Timescale: 31/03/2014**

**Theme:** Effective Care and Support

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

To provide necessary sluicing facilities.

**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

Bed Pan Washer, Sluice Sink, Urine Bottle & Commode Rack ordered to be installed

**Proposed Timescale: 31/03/2014**

**Theme:** Effective Care and Support

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

To ensure suitable arrangements in relation to provision of laundry facilities for residents.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

A procedure will be implemented to insure the proper segregation of dirty and clean clothes.

**Proposed Timescale: 28/02/2014**

### Outcome 15: Food and Nutrition

**Theme:** Person-centred care and support

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

To ensure that staff provide suitable assistance to dependent residents in relation to eating and drinking.

**Action Required:**

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

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

Care Staff have been retrained to insure they are sitting when assisting residents with their meals. Process for clearing tables and scraping plates altered to meet the standard.

**Proposed Timescale:** 28/02/2014

### Outcome 18: Suitable Staffing

**Theme:** Workforce

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

To put in place recruitment procedures to ensure no staff member is employed at the designated centre unless full and satisfactory information and documents as specified in Schedule 2 have been obtained in respect of each person.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

All written references received will be verified by phone call with date and time of verification written on the references.

**Proposed Timescale:** 31/01/2014

