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Aclare House Nursing Home, 4 - 5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin.

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aclare House Nursing Home
Centre ID:	OSV-0000001
Centre address:	4 - 5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin.
Telephone number:	01 280 1345
Email address:	breegemuldowney@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aclare Nursing Home Limited
Provider Nominee:	Breege Muldowney
Lead inspector:	Valerie McLoughlin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
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.

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 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: 23 September 2015 06:00 To: 23 September 2015 15:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The inspection was carried out in response to two pieces of information received by the Authority regarding poor staffing levels and skill mix, especially on night duty. The inspector found that there had been challenges over the previous year when all the nursing staff resigned in order to take up employment in the acute sector and the person in charge also left the service. The provider had recruited a new person in charge, who was interviewed and found to be fit for the role. Nurses were also recruited and the inspector found that the numbers and skill-mix of staff was appropriate to meet the needs of the residents and the layout of the premises. There were periods when the care assistant attended to laundry duties and left the nurse alone for periods at night. This presented a potential risk to the safety of residents.

There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place. They were committed to meeting the needs of residents and provided a good quality service. Overall the inspector found that the provider met the requirements of 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 to a high standard.

Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for

them to do during the day.

Residents were consulted about the operation of the centre and there was open communication in the centre. Residents and relatives knew the management team on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider nominee and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the safeguarding of residents, fire safety, moving and handling and relevant care issues. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations. The previous inspection in 2014 found substantial compliance in relation to food and nutrition and end of life care. A small number of risk management issues identified in previous inspections in 2014 and 2013 had been addressed by the provider nominee.

Improvements were required in care planning and goal setting. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to ensure that the quality of care provided to residents was monitored, developed and improved on an ongoing basis. Audits were completed on several areas such as care planning, falls, medication management and restraint. There was evidence of improvements being identified following these audits and interventions put in place to address them. For example, a reduction in the use of restraint.

There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The provider nominee is available on a regular basis and has begun to meet the person in charge formally each month. She supports the person in charge, and appropriate resources were allocated to meet residents' needs.

The person in charge had begun to collect data each month on the number of key quality indicators such as wounds, falls and the use restraint. This information was used to monitor trends and identify areas for improvement. The person in charge chairs a monthly clinical governance meeting in order to discuss and monitor issues of clinical risk and any change in the condition of the residents.

The annual review of the quality and safety of services for 2014 was reviewed by the inspector and found to be comprehensive. It contained information about the number of admissions, deaths, falls, notifications, complaints; satisfaction surveys, refurbishment and audit results. It had recommendations for improvements in relation to the quality and safety of care for 2015 and there was evidence that a number of these recommendations had already been implemented. For example, decoration of a number of the bedrooms and the sitting room, replacement of furniture and additional staff training.

There was evidence of formal and informal consultation with residents and representatives, and their feedback was used to improve the service. For example, activities had been revised to include coffee mornings and movie nights.

Judgment:

Compliant

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 centre is managed by a suitably qualified and experienced manager in the area of health or social care.

The person in charge was a registered nurse and she worked full-time in the centre. She was on duty for the duration of the inspection and was supported by the assistant director of nursing and staff nurses.

A formal fit person interview was carried out with the person in charge during which she demonstrated a very good understanding of her roles and responsibilities under the regulations.

Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents. She participated fully in the governance of the centre in a number of ways which included supervising the delivery of care, carrying out audits, managing risk and chairing the clinical governance committee.

She was supported in her role by the assistant director of nursing who is an experienced nurse. The assistant director of nursing was present throughout the inspection. She interacted well with the inspector and discussed the health care needs of the residents in detail and demonstrated good clinical knowledge and a good understanding of the regulations.

The inspector observed that she was well known to staff, residents, with many referring to her by her first name. She had both maintained her continuous professional development and had completed a course in people management and all other courses mentioned in outcome 18.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training to support them to identify and respond to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The person in charge, assistant director of nursing and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken to commented that they felt safe and secure in the centre. Residents said this was because the staff treated them well and were readily available if they needed anything.

The systems in place to safeguard resident's money were monitored on the previous inspection and found to be in line with the policy on previous inspections.

Call bells were available in each bedroom and the inspector observed that staff answered them promptly.

There was a policy on and procedures for managing behaviours that challenge. Staff had received training on how to respond to and manage this behaviour. The person in charge and the provider told the inspector that currently there are no residents in the centre requiring this support. Psychiatric services are available as required.

The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented and where possible alternatives trialled prior to the implementation of restraint. The restraint register was reviewed daily. There was a system in place to monitor residents using restraint. The person in charge was working towards a restraint free environment. There was very minimal use of restraint, for

example the use of one bedrail and one as required (PRN) medication.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that there were robust systems in place to promote the health and safety of residents, staff and visitors. There was a centre-specific risk management policy which addressed all the risks specified in the regulations as well as the procedures in place for the identification and management of risk.

A safety statement was in place and it related to the health and safety of residents, staff and visitors. There was a risk register in place which was reviewed by the clinical governance team on a regular basis.

It included all of the risk and control measures to mitigate the risk of future occurrences. These included risks associated with smoking and absence of a resident, and slips, trips and falls, for example.

Arrangements were in place for investigating and learning from incidents and the inspector reviewed the last meeting of the governance committee. This included a review of incidents, satisfaction surveys and complaints. For example, the satisfaction survey indicated that residents would like changes to the menu and brighter colours in the decor. The inspector found that the provider nominee had implemented both requests.

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 residents had an individual evacuation plans developed. The policy had been updated since a previous inspection in October, 2013, it now contained guidance on the management other emergencies such as loss of heat, power or water supply. Staff spoken with were familiar with the policy.

The previous inspection found there to be an unsecured section to the front of the premises with a drop of several feet which a resident could inadvertently access. The provider nominee had made this area safe for residents. Therefore this aspect of the action plan had been addressed.

All staff were up to date on manual handling training. On the previous inspection a resident was exposed to a risk of injury when the brakes on a wheelchair were not activated when a resident was using a hoist. The inspector observed safe manual handling practices, including staff ensuring that the brakes were activated prior to assisting a resident to transfer from a wheelchair. Therefore this aspect of the action plan has been met.

Overall fire safety was well managed. The provider had recently upgraded the fire safety management system.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the regulations.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection.

Procedures were in place to protect residents who smoke. Smoking was not permitted inside the building and an external smoking area was provided. Individual risk assessments were carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance. Improvements required in the smoking room from the previous inspection had been implemented. The smoking room now included adequate ventilation, emergency alarm bell and staff supervision when required. Therefore this aspect of the action plan had been met.

Records reviewed indicated that the centre had recently had a fire safety inspection by a fire safety engineer. The providers explained the measures they had put in place to meet the requirements of that inspection. The inspector found that all of the recommendations from this report had been implemented.

The inspector found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control. Staff had access to a plentiful supply of gloves, disposable aprons and alcohol hand gels, all of which were available discretely throughout the centre.

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 inspector was satisfied that residents healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Occupational therapy was available on a referral basis. Chiropody, dental and optical services were also provided. A physiotherapist was available in house two days per week. The inspector reviewed residents' records and found that residents had been referred to these services and the recommendations from these services had been implemented and monitored. For example, food and fluid records were maintained when required, and blood tests were obtained at the specified intervals and results monitored by the GP.

Residents were reviewed four monthly by the General Practitioner and more frequently when required. Any prescribed amendments to the residents' healthcare needs were implemented, for example, monitoring blood results for residents who were taking special medications.

The inspector reviewed a sample of residents' nursing notes and found that nursing assessment and additional clinical risk assessments were carried out for residents every four months or more frequently if there was a change in their condition.

Overall care plans contained the required information to guide the care for residents. The inspector noted that while care plans had been updated following a change in a residents' condition some care plans relating to the same issue had not been recorded as resolved. The person in charge was aware that this had the potential to cause confusion as she had already identified this in a recent nursing documentation audit. She had commenced a new process of care planning. The inspector found that the new care plans were more detailed, would guide practice and it easy to access pertinent information quickly. The person in charge told the inspector that she was working on making the goals, "SMART" goals, as this would enable staff to know who was responsible to assist the residents to meet the planned goal within an agreed timeframe.

All of the nursing staff received additional training in care planning and the person in

charge provided one to one support and guidance for the nurses. It was envisaged that all of the residents care plans would be re written within a few months. The provider nominee had plans to move to a computerised system of recording care. There was a system in place and training planned to ensure that staff would effectively transfer of information from residents files onto the computer system.

Residents were involved in the development of their care plans and they discussed this with the inspector. Records reviewed indicated that consent had been obtained from residents to allow a family member to be involved in their care planning and to receive information about any changes in their healthcare needs.

Residents were assessed for risk of falls. The inspector read the care plans of residents who had fallen and saw that residents who had a fall had a falls risk reassessment undertaken and additional preventative measures recorded in the care plan and implemented to minimise the risk of another fall. For example, a review of current medications, reassessment of footwear, and referral to physiotherapist and or the use of a chair and or bed alarm.

There was very good supervision of residents in communal areas and the staffing levels on the day of inspection were satisfactory to ensure resident safety was maintained. There was a policy in place on the prevention and management of falls to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall, Records reviewed indicated that the GP reviewed residents who had a fall and the family were appropriately informed. Staff spoken to confirmed this was their practice.

There were no pressure ulcers in the centre. An evidence-based wound care / pressure ulcer prevention policy in place policy was used to guide practice. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers. Records were maintained to demonstrate that residents were assisted to change position regularly to minimise the risk of pressure ulcers.

There were policies on nutrition and hydration which were being adhered to and supported good practices. As previously mentioned a thematic inspection had been carried out in 2014 and the findings indicated that there was a very good system in place to ensure that residents nutritional and hydration needs were met. The person in charge had recently sought advice from a dietician to ensure that the four weekly rotational menus would meet residents' needs. The dietician's recommendation of offering a choice of oily fish once a week had been implemented.

Since the previous inspection the provider nominee told the inspector that she had undertaken a short course to gain more insight into meeting the needs of residents with dementia related conditions. She had obtained a wall mounted picture/word menu that would assist residents in choosing their meals. She planned to place it on the dining room wall when this room was fully refurbished.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was a very committed and caring staff team in place. The provider nominee explained that all of the nursing staff had resigned in the last year as they had chosen to work in the acute sector where they found the terms and conditions of employment more attractive. The previous person in charge had also resigned in the summertime. The provider nominee had informed the Authority within the required time frames.

The provider nominee said that they had been short of staff and that it had been a difficult time. She explained that the staff who had recently resigned and other staff who had previously worked in the centre had assisted them by working relief shifts.

The provider nominee had sought the assistance of a recruitment agency to recruit additional staff. She now had a new person in charge, an assistant director of nursing and enough nurses and care staff to cover all shifts. The rota was reviewed by the inspector and it was reflective of the staff on night duty and day duty.

The inspector met the nurse in charge of the night shift at 06.00. The inspector reviewed the rota with the nurse in charge and the inspector was introduced to the night staff. The nurse in charge worked with another qualified nurse and a senior carer. There was a third nurse on duty, on orientation to night duty. There was a carer on duty every evening from 16.00 to 22.00 (twilight shift).

The usual staffing on night duty consisted on one nurse, one carer and a twilight carer. One staff member (a nurse), worked alone in the centre for short periods of time during the night, and the the lack of sufficient staff on duty at all times throughout the night could place residents at risk.

The carer told the inspector that she would usually put a wash on in the laundry room which was in the back garden before the twilight carer went off duty at 22.00. During the night she would place the laundry into the dryer and put on another wash. She explained that this would only happen if all the residents were well, and were asleep.

The nurse confirmed this to be the case. The inspector spoke with the provider nominee and the person in charge about the practice of leaving one person in the centre, if only for a short time, was not a safe practice in the event of an emergency. The provider nominee told the inspector that the practice of laundering after 22.00 would cease with immediate effect.

The provider nominee explained that she had reviewed the terms and conditions of employment to retain the current staff. The provider nominee had also provided team building training for staff, facilitated by an external consultant. Staff told the inspector that they enjoyed the programme and found it to be very helpful. The inspector noted that staff appeared content and seemed to work well together.

The person in charge and the provider nominee placed strong emphasis on training and continuous professional development for staff. Staff spoken with told the inspector that they felt well supported by the person in charge and provider and one long term staff member described the workforce as "being like a family".

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Residents and staff agreed that there were adequate levels of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The dependency levels were not high at the time of inspection.

The inspector found that there were procedures in place to ensure that residents in communal areas were appropriately supervised. There was a recruitment policy in place and inspectors were satisfied that staff recruitment was in line with the regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present.

Staff told the inspector they had received a broad range of training which included falls prevention, nutrition, infection control, dementia care and dysphagia and medication management.

The person in charge had completed a training needs analysis to ensure that all staff were up to date with their mandatory training. Training had been scheduled for the remainder of the year.

Care assistants had completed Further Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all staff attended relevant training and refresher updates.

The inspector reviewed a sample of files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014 and this was being progressed for 2015. The provider nominee had ensured that volunteers were vetted appropriate to their role.

Staff told the inspector there were open informal and formal communication within the centre to discuss issues and residents needs as they arose.

Senior nurse managers provided supervision of staff and residents on a daily basis. The person in charge and the assistant director of nursing were observed to be involved in the daily activities in the centre. The inspector sat in on the morning handover meeting and found it comprehensive, the person in charge provided direction of care and staff discussed residents' health and social care needs. There was also a brief handover meeting prior to lunch to ensure that all residents' needs had been met.

Nurse managers also met formally with staff to discuss their progress, any issues or training needs.

Judgment:

Substantially 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:

Valerie McLoughlin
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:	Aclare House Nursing Home
Centre ID:	OSV-0000001
Date of inspection:	23/09/2015
Date of response:	19/10/2015

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 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:

Some improvement was required in care planning and goal setting to ensure a consistent approach to documentation.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

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

All issues that are resolved in care plans are now being recorded as resolved. We are working on SMART goal setting.

Proposed Timescale: 19/10/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The practice of leaving one person on duty for periods at night while the second staff member attended to laundry duties was not a safe practice in the event of an emergency.

2. Action Required:

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

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

All laundry is now completed between the hours of 8am and 10pm

Proposed Timescale: 19/10/2015