# eDeposit Ireland

## Gascoigne House, OSV-0000038, 15 May 2018

| Item Type | report |
| --- | --- |
| Citation | Ireland. Health Information and Quality Authority, 'Gascoigne House, OSV-0000038, 15 May 2018', [report], Health Information and Quality Authority, 06/09/2018, Older People Inspection Report, Nursing Homes, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended |
| Publisher | Health Information and Quality Authority |
| Rights | Y |
| Download date | 2026-03-11 04:01:13 |
| Link to Item | https://hdl.handle.net/20.500.14765/87973 |

**Health Information and Quality Authority**
**Regulation Directorate**

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

| | |
|---|---|
| **Centre name:** | Gascoigne House |
| **Centre ID:** | OSV-0000038 |
| **Centre address:** | 37-39 Cowper Road,<br>Rathmines,<br>Dublin 6. |
| **Telephone number:** | 01 496 9944 |
| **Email address:** | sshields@cowpercare.ie |
| **Type of centre:** | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| **Registered provider:** | Cowper Care Centre Designated Activity Company |
| **Lead inspector:** | Helen Lindsey |
| **Support inspector(s):** | Gearoid Harrahill |
| **Type of inspection** | Unannounced Dementia Care Thematic Inspections |
| **Number of residents on the date of inspection:** | 42 |
| **Number of vacancies on the date of inspection:** | 2 |

## About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

| From: | To: |
|---|---|
| 15 May 2018 09:00 | 15 May 2018 17:00 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|---|---|
| Outcome 01: Health and Social Care Needs | Substantially Compliant | Substantially Compliant |
| Outcome 02: Safeguarding and Safety | Substantially Compliant | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 06: Safe and Suitable Premises | Substantially Compliant | Compliant |
| Outcome 08: Governance and Management | | Non Compliant - Moderate |

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The provider had identified a number of areas they were working on to drive improve,

but overall inspectors found good levels of compliance.

Inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for people requiring long term care and support and also dementia care. On the day of the inspection 42 residents were accommodated in the centre. Over 50% had a dementia diagnosis, and a small number of other residents had some symptoms but no formal diagnosis. There was dementia specific unit in the centre that was providing a service to 12 residents.

Residents were being supported by staff who knew them well and were able to communicate effectively with them. During formal observations inspectors saw many examples of positive connections between the staff and residents, and those residents who spoke with inspectors all said the staff were very kind and committed. Access to healthcare was seen to be in line with residents needs, and staff were quick to identify if residents needs were changing and took appropriate action.

Visitors were welcomed to the centre and many chose to spend a lot of time with their relatives. Those residents spoken with said it was really important to them that they could maintain those close relationships. There were arrangements for residents to feed back on their experience of living in the centre at regular residents meetings, and through surveys that were carried out. There was information about accessing advocacy services clearly displayed for residents, and arrangements were in place for voting if residents chose to.

Areas where improvements were required related to governance and management, staffing and their impact on the dignity of residents. These are discussed further in the report and in the action plan at the end. The areas requiring improvement remain outstanding from the previous inspection.

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

***Outcome 01: Health and Social Care Needs***

**Theme:**
Safe care and support

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

**Findings:**
Residents' wellbeing and welfare was being maintained and care being delivered was in line with evidence-based nursing care. Further improvement was needed to ensure that all care plans would guide staff practice and reflect individual abilities and preferences.

There was a clear process for reviewing the needs of a resident prior to being offered a place in the centre. This was to ensure their individual needs could be met. When residents were admitted to the centre a more comprehensive assessment was carried out and care plans were developed to address all identified needs. There was an improvement in the quality of care plans since the last inspection. Overall care plans provided clear guidance for staff to follow in order to meet the resident's needs. Some set out very clearly resident's individual preferences and gave clear information about them; however some required improvement to ensure the care was specific to the individual and set out their individual skills and abilities. For example some used generic language that was not specific to the resident was seen in some documents.

All care plans were reviewed at least four monthly or sooner, and care plans were updated to reflect any changes to the plan of care or the residents needs. Residents, and their families where appropriate, met with nurses to discuss the review and agree to any changes being made.

A range of nursing assessment tools were being used in the centre to support nursing staff to assess and review residents' nursing and health care needs. For example a new tool to assess residents' risk of falls had been introduced as part of the work to reduce falls in the centre, it asked a range of questions and in conclusion provided a score to enable nurses to ensure the relevant supports were in place. Staff felt this had a positive impact on practice, and would improve outcomes for residents.

Inspectors carried out observations in the communal areas and observed that residents care plans were being followed in practice in the most part. Communication between staff and residents was good and showed there was good knowledge of individual

needs, skills and abilities. Where care plans were not being followed it was seen to link to staffing levels and this is discussed under outcome 5.

There was good access to relevant medical professionals. A General Practitioner (GP) visited the centre regularly and there was an out of hours GP service where required. Other professionals were seen to have carried out assessments for residents and made recommendations for their care, which had been implemented in practice. There was a physiotherapist employed in the centre who reviewed residents as required, and also ran a program of activities to support residents to maintain their movement and balancing skills. Dieticians, speech and language therapy, and psychiatry of old age had also reviewed residents care needs as required.

**Judgment:**
Substantially Compliant

### *Outcome 02: Safeguarding and Safety*

**Theme:**
Safe care and support

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

**Findings:**
There were effective systems in place to safeguard all residents, including those with dementia. Where residents had responsive behaviour they were supported by well trained staff. The use of restrictions in the centre followed best practice guidance.

There was a clear policy in place that clearly set out roles and responsibilities for different staff. There was a flow chart which was supported by text that was clear and easy to understand. The person in charge and other staff spoken with were clear of the procedures to follow if abuse was alleged, witnessed or reported. Residents who communicated with inspectors said they felt safe in the centre, and that the staff were very caring.

To ensure residents with responsive behaviour received appropriate support there were clear policies and procedures in place that set out how to record individuals' needs and ensure that any underlying causes to their needs were assessed and recorded. Staff had attended training courses on 'best practice in dementia care' and were seen to be skilled at supporting individuals. Communication was effective and staff were able to engage with residents about topics that were meaningful to them which they clearly responded well to. While staff practice was seen to be effective the staffing levels were having an impact on the safety and quality of life of residents and this is discussed under outcome 5.

There were arrangements in the centre to ensure any restrictive practice was reviewed

and confirmed as the right approach for residents in the centre. Where residents had been assessed as benefitting from equipment that may restrict their movement, for example bed rails, there was a clear process in place for the equipment to be considered by a multidisciplinary team, and where it was approved for use there were regular reviews to ensure it remained appropriate. Overall in the centre there was low use of restrictive practices.

Where petty cash was held on behalf of residents' there was a clear system to record the deposits and withdrawals to provide a clear record, and monies were accessible at the request of the resident. The provider did not act as a pension agent for residents, and invoiced residents for the nursing home fee and any extra services the resident had received.

**Judgment:**
Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

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

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

**Findings:**
Feedback on the service was sought from residents on a regular basis and there were flexible visiting arrangements in place. While communication skills of staff were good, at times the activities in the centre were dictated by the resources available.

Regular resident committee meetings were held in the centre and chaired by a family member. Residents had the opportunity to provide feedback and suggestions to aspects of the service including activities, meals and general aspects of living in the centre. Recent agenda items showed residents and their representatives were kept informed and updated on the premises development works carried out recently in the centre. Advocacy information was posted in the centre, and it included contact details if residents chose to avail of their service.

Resident choice was facilitated around living arrangements such as getting up in the morning. Staff were familiar with residents who preferred to stay in bed late or to have their breakfast in their bedrooms with the TV, radio or available newspapers. Menu choices were displayed with pictures on a stand in the primary communal area, and had multiple options for meal choices at lunch and teatime.

Visitors were seen coming and going through the period inspectors were in the centre. Those spoken with confirmed they were welcomed and were free to spend their days

with their relative if that was their choice. They also spoke of taking meals, drinks and snacks with relatives, and also joining in some of the activities, such as the music sessions which they said were enjoyable. Residents confirmed they found the visiting arrangements to be very flexible and they liked the welcome that was provided.

Residents' were facilitated to practice their civil and religious rights in the service. Catholic and Church of Ireland services were held regularly in the centre. Residents who wished to do so were registered to vote and arrangements were in place to facilitate them to do so in the centre during a referendum or election.

Interactions between staff and residents were friendly, patient and respectful. Residents requiring assistance to eat their meals or to mobilise received this support in a discreet and dignified manner. Inspectors carried out an observation in both communal areas of the centre for a period of 30 minutes and found that staff knew the residents well and were good at facilitating meaningful connections. For example in the unit for people with dementia staff were seen walking and talking with residents, making connections with eye contact, kneeling down to make eye contact and assisting with activities. What became apparent during these observations and at other points during the day was that they didn't have enough time to support residents to engage in meaningful activities consistently through the day.

Activities were facilitated by healthcare assistants who rotated into the role of activities coordinator for some of their shifts. In the main part of the centre a plan of scheduled activities for the week was posted in the living room, which included board games, exercises, art, and movie nights. A number of activities were seen to be taking place during the inspection, however there were some residents who did not engage with them. For example inspectors observed a period of time in the afternoon which a number of residents sat quietly in a semi circle in the main day room with little engagement with staff beyond those in needs of direct care or assistance while other residents were attending a religious service. Attendance lists were kept for group activities to identify regular attendees and each resident had a log of individual activities and engagement recorded, but of those logs reviewed, the majority of entries for the month noted activities such as television or chatting, with no indication of time spent or level of engagement, or how these could be classed as activities in terms of meaningful stimulation for that resident.

In the area designated to support residents with dementia there was also a plan of activities. While staff were seen to be trying to support meaningful engagement, for example by proving an arts and craft session, there were a number of occasions through the day when inspectors observed staff were focused on providing personal care and supporting individuals with eating and drinking, and so not able to support resident with activities or engagements that were meaningful to them. For example when a staff member went on break it left two staff in the unit to support residents with a wide variety of needs. Residents and relatives spoken with felt there were not enough opportunities for activities and meaningful engagement.

**Judgment:**
Non Compliant - Moderate

### *Outcome 04: Complaints procedures*

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

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

**Findings:**
Residents and relatives told inspectors that the service was open to receiving complaints and feedback and that their concerns would be taken seriously and addressed promptly. The centre had a policy on responding to, recording and managing complaints received from residents, relatives and members of the public. A copy of the complaints procedure was posted in the centre and this identified the person responsible for managing complaints received as well as information on making independent appeals.

There was a clear digital record of all complaints received, recorded by the person who received the complaint initially. Each entry contained concise and clear information on the nature of the matter, the immediate actions taken, information on any investigation and the outcome of same. Information was included on the outcome being communicated back to the complainant and their satisfaction status with the result. Verbal complaints on more minor issues were logged with the same level of detail as formal written submissions, and this allowed the provider to identify trends and patterns of types and sources of complaints, to address root causes and areas for improvement on a regular basis. Notes for learning gained through complaints were reflected in communications to the staff as a standing agenda item in their monthly meetings.

**Judgment:**
Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**
Workforce

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

**Findings:**
Staff had up to date training, had access to courses to ensure they had relevant skills to meet the needs of residents. Recruitment arrangements were seen to be robust. While staff were seen to be skilled, there were insufficient staff to meet residents identified

needs.

Staff were found to have a good range of skills, and they knew residents well, however there were times during the inspection when there were insufficient numbers of staff to meet residents needs. This was particularly noted in the unit for people with dementia where residents required more direct supervision. Inspectors observed that when one staff member was taking a break, only two staff were left in the unit to meet the varied needs of residents, many of whom required constant supervision or the support of two staff for personal care. Inspectors observed periods of time when there was insufficient supervision for residents when two staff needed to provide personal care in a bedroom and another staff member was engaged in giving out drinks and supporting residents who needed full assistance to take the drinks. Inspectors observed that this lead to residents waiting to receive the care and support they required. Examples of this included residents with no meaningful occupation for long periods of time, staff trying to meet the needs of several residents without support, and residents wandering around areas of the centre with no supervision even though they were identified as requiring supervision. Inspectors spoke with a selection of nursing staff, healthcare assistants, residents and family members who consistently said that while staff care was of a good standard, there would be times when there were not enough staff to provide basic care, and also engage in meaningful activities.

The provider had a clear system in place for tracking staff training, including how to identify staff who were due to attend refresher sessions on mandatory training such as fire safety and safeguarding of vulnerable adults. Attending training in manual handling, infection control and caring for people with dementia was also mandatory in this centre and all staff were up to date in these as well. Additional training was also delivered in the centre in areas such as food safety, falls management, and wound care. In addition to in-house training in dementia care, all staff based in the dementia specific unit, as well as other staff who wished to participate, attended dementia best practice education delivered by an internal provider certified by Sterling University, Scotland. Staff skills were seen to be good in relation to supporting the residents, and they confirmed they were putting their learning from that course in to practice.

Inspectors reviewed a random selection of personnel files and found them to contain all information required by Schedule 2 of the regulations, including active nursing registration, proof of identification, and vetting by An Garda Síochána. Files were retained for people working in the centre in a voluntary role, and these included their vetting and a written agreement of their role in the centre.

**Judgment:**
Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**
Effective care and support

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

**Findings:**
Overall the centre was suitable in design for use by residents. The building was clean and well maintained, adequately heated and ventilated with plenty of natural light.

The building was made up of a single level of single and double bedrooms and a large communal living and dining area. This central living room was large and open enough to allow residents to mobilise around it, including those with assistive equipment such as wheelchairs. The kitchen was adjacent to the dining area with service hatches to allow meals to be served immediately.

No steps or trip hazards impeded residents from navigating the building independently or with assistance. Corridors were equipped with handrails and safe floor covering. Colour contrast was used to highlight handrails and bathroom doors on the corridors, and simple signage was used to assure residents that they were at the correct bedroom or to guide them back to the primary communal area. Each bedroom had an adequate amount of storage space for residents' belongings and were decorated in a personal manner with photographs and ornaments belonging to the resident.

There was adequate availability of shower and toilet facilities for the number and needs of residents living in the centre. Bathrooms were suitably equipped to accommodate residents with reduced mobility. Dementia friendly features such as colour contrasted rails and seats were in use to assist residents.

The centre had a nicely featured garden which was safely secured and accessible to residents from the main living area. Smaller secondary living rooms allowed residents to relax or receive visitors in private.

There was a unit on the premises specific for residents with dementia. While separated from the rest of the building with a coded door, some residents living on this unit were seen joining the main communal area at times. The dementia specific unit was shaped in a circuit, which allowed residents to stroll without hitting dead ends. There was also a communal dining room and sitting room for the residents who lived in this unit.

**Judgment:**
Compliant

***Outcome 08: Governance and Management***

**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:**
While some areas of governance and management in the centre were found to be effective, the management of resources required review.

Resourcing in some areas was effective. For example the provider made arrangements to ensure staff received effective training and supervision to undertake their roles effectively. The premises were well maintained and provided a pleasant for residents who's dignity and independence was supported by the design and layout of the centre. However, the findings under outcomes 3 and 5 identify there were insufficient staff available to meet the needs of residents consistently. This was having a direct impact on the quality and safety of the service being delivered to residents and had not been addressed effectively by the provider.

They were in the process of addressing some areas that were identified as requiring improvement during the inspection. For example they had reviewed the provision of activities and meaningful occupation in the centre, and were in the process of recruiting a full time activities co-ordinator to drive improvement. They had also identified that arrangements in the unit for residents with dementia needed to be reviewed. Assessments were being requested from appropriate professionals for residents. However, at the time of the inspection the staffing levels were not reflective of the needs of residents in the centre on that day and it was having an impact on the quality and safety of the service being delivered.

The requirement to improve resourcing in relation to staffing remains outstanding from the previous inspection.

**Judgment:**
Non Compliant - Moderate

## Closing the Visit

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


**Acknowledgements**

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


***Report Compiled by:***


Helen Lindsey
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority**
**Regulation Directorate**

# Action Plan

**Provider's response to inspection report**[1]

| | |
|---|---|
| **Centre name:** | Gascoigne House |
| **Centre ID:** | OSV-0000038 |
| **Date of inspection:** | 15/05/2018 |
| **Date of response:** | 20/07/2018 |

## Requirements

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

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

| **Outcome 01: Health and Social Care Needs** |
|---|
| **Theme:**<br>Safe care and support<br><br>**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**<br>Some examples were seen where care plans were generic and did not reflect residents individual needs.<br><br>**1. Action Required:**<br>Under Regulation 05(1) you are required to: Arrange to meet the needs of each |

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

resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
1) Nurses and HCA will be re-trained on care planning to improve their skills and knowledge and ensure care plans are individualised with resident focused needs, goals and interventions. Timeframe: 6th July 2018
2) Care Manager and Assistant Care Manager will review all care plans with more focus on the exact interventions being currently applicable to the resident. The audit schedule is revised to ensure that a minimum of 4 care plans are fully reviewed weekly. Timeframe: 15 July 2018 and ongoing.
3) The Life Story document was revised to Getting to Know Me Document. This Group wide initiative look at the personal preferences and wishes of the residents, their choices, likes and dislikes in a more user friendly and interactive format. Use of this form as start point in developing the care plans will enable care plans to be easier to formulate and more person centred. Timeframe: Approved document and currently being implemented. Timeframe for audit of same: 20th July 2018.
4) Results of audits are all now being done using Q pulse to allow for immediate Non-conformance's and Quality Improvement Plans to be raised with the person responsible for care plan development and updates, including date for completion. This allows ongoing monitoring of audits, information sharing and Key performance indicators be more easily reviewed and actioned. Senior management team can see in real time the results and actions from audits. This is also presented in house management and multidisciplinary team meetings Timeframe: complete and ongoing.

**Proposed Timescale:** 20/07/2018

**Outcome 03: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Facilities for occupation and recreation required review to ensure residents were afforded opportunities to participate in accordance with their interests and capacities.

**2. Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
1) A full review of the activity schedule was carried out by the team leaders to ensure that both group and individual activities are in place and implemented on a daily basis. – 20 July 2018 and will be ongoing.
2) Full time Physio Assistant/Activities Staff to be recruited. Timeframe: advertisement completed.
Applications were received, shortlisting and interviews are arranged and scheduled to take place on the week of 4th of July 2018.

3) Trial of Dementia specific activity sessions that focuses on different abilities and interests of residents were conducted- Timeframe: completed 19/6/18.
Successful activities will be scheduled into revised activities timetable.
Records of individual participation and level of participation will be documented to enhance the careplan formulated for each resident in relation to their personal activity preference and level of engagement. The time spent on each activity will also be recorded in the individual activities list. Timeframe- 20th July 2018.
4) The work guide of the activity staff was revised to ensure that they focus on provision of activity with no involvement in the delivery of any direct care. Timeframe: 20th July 2018.
5) As per Outcome 1, action point 3, our new information gathering process pre admission and during admission will enhance the formulation of an activities schedule for each resident reflective of their preferences and choices. Timeframe: currently being implemented and will be audited from 20th July 2018.

**Proposed Timescale:** 20/07/2018

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were insufficient staff to meet the assessed needs of residents at all times.

**3. 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:**
1) Residents dependency levels are reviewed each month and this will now be reviewed earlier when there is a change in the needs of residents which could potentially impact on the resources required to meet their needs. This will also include review of specific care needs such as behavioural changes. Where an increase in resources is required, the care manager will make arrangements to meet this requirement such as providing 1 to 1 care as agreed with the resident and/or family, or reallocation of resources. A specific staff is identified daily to provide assistance in the unit if required. Timeframe: current and ongoing.
2) Staffing hours have been increased by 8 hrs per day as part of the annual staffing plan since 2017 inspection. A further increase in the staffing including the specific activity staff/physio assistant is planned in line with the increase in the bed occupancy. Time frame: complete
3) The staffing plan and work guide were updated to reflect the increase in staffing and reallocation of resources. The revised work guide will assist in ensuring clear duties for each member of the team to meet the identified needs of the residents in a timely manner and in accordance with their choices and wishes. Timeframe Complete and for

full implementation: 6th July 2018. Timeframe to evaluate the changes: 20th July 2018.
4) As per Outcome 3, point 2, a full time Physio Assistant/Activities Staff will be recruited to improve the delivery of the social care needs of the residents and support residents in both general and dementia unit to engage in meaningful activities consistently from 9 am to 6 pm. Timeframe: aim to commence employment 20 July 2018.
5) The Care Manager/Assistant Care Manager will conduct weekly audits utilising visual observations to identify gaps in the implementation of care plans and agreed procedures. The findings and quality improvement plans will be logged on Q pulse and communicated to staff and members of the management team for implementation. Time frame: Complete and ongoing.
6) Assistant Care Managers will, on a monthly basis conduct a visual observational review of activities/interventions in a centre other than their own. These audit results will be discussed in our group clinical meeting and staff meetings for information and learning purposes. Time Frame: 20 July 2018

**Proposed Timescale:** 20/07/2018

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were insufficient staffing resources to ensure residents needs were being met, and to ensure the service was provided in line with the statement of purpose.

**4. Action Required:**
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
The Care manager/Assistant Care Manager will monitor the provision of required care of the residents using observational audit tool. This monitoring program will be conducted daily then adjusted to weekly/monthly thereafter. The results of these audits will be reviewed and quality improvements will be developed and implemented by the house management team and communicated to staff during handovers and staff meetings: Time frame: 2 July 2018 and ongoing
2. We conduct an annual Residents Survey in order to determine satisfaction with services provided. This will be changed to quarterly and changes/improvements identified and implemented through agreed quarterly improvement programme. These surveys are carried out by an External Social Scientist: Time frame: 20 July 2018 and will be ongoing (July, Sept, Jan, April).
3. The staffing plan was reviewed and updated to include the post of the Physio Assistant/Activity Assistant. The methodology for determination of staffing requirement is clearly outlined and guides staffing requirements as the resident's dependency level

| changes. Time frame: Complete |
| --- |
| **Proposed Timescale:** 20/07/2018 |