

# eDeposit Ireland

**St Lazerian's House, Royal Oak Road, Bagnelstown, Carlow**

Item Type	report
Authors	Cronin, Ide
Citation	Ide Cronin, 'St Lazerian's House, Royal Oak Road, Bagnelstown, Carlow', [report], Health Information and Quality Authority, 2016-10-13, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-13 05:31:03
Link to Item	<a href="https://hdl.handle.net/20.500.14765/80847">https://hdl.handle.net/20.500.14765/80847</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Lazerian's House
<b>Centre ID:</b>	OSV-0000556
<b>Centre address:</b>	Royal Oak Road, Bagnelstown, Carlow.
<b>Telephone number:</b>	059 972 1146
<b>Email address:</b>	stlazerians@eircom.net
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St. Lazerian's House Limited
<b>Provider Nominee:</b>	John McCabe
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	4

## 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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 02 August 2016 09:00 To: 02 August 2016 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents and staff members. The purpose of this inspection was to monitor ongoing compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection was also undertaken as the Registered Provider has not complied with the conditions of registration issued on 21 May 2015 with regard to completion of the refurbishments as outlined to the Health Information and Quality Authority (HIQA) to make the premises suitable for purpose. This was due to be completed by April 2016. The person in charge submitted another application to HIQA on the day of inspection to extend the completion date of the project. The inspector saw that the project was in progress and to date all of the external works were completed with interior works still ongoing.

The centre is operated by a voluntary body. St Lazerian’s House describes offers 24-

hour personal and social care to 20 older people over 65 years of age from Bagenalstown and the surrounding areas. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident. Day care services are also provided to older people on a weekly basis. People who attend the day centre are offered a program of social activities and they join residents for lunch. The person in charge is a nurse and works fulltime. A staff nurse works 18 hours per week to oversee clinical care of residents. Care staff are on duty on day and night shifts.

The inspector was satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a supportive community based environment. There was evidence of good governance with the person in charge and the provider engaged in the operation of the centre and direction of care practices.

A total of ten outcomes were inspected. The inspector judged eight outcomes as compliant, one as moderate non compliance and one as substantially in compliance with the Regulations. The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided. The statement of purpose set out the services and facilities provided in the designated centre.

It contained all the requirements of Schedule 1 of the Regulations. The statement of purpose was kept under review by the person in charge as observed by the inspector. The inspector observed that the statement of purpose was in an accessible format to residents and that it was implemented in practice.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

St. Lazerian's House is a voluntary centre operated by a board of directors. The board of directors oversee the organisational, financial and management of the centre. The chairperson of the board is the nominated provider for the centre who reports to the board. The board meet regularly and minutes of meetings were available. There were a number of sub-committees established which included policies and procedures, health and safety, finance and building project on which various board members sit on. Since the last inspection a quality committee has been established which the local general practitioner (GP) and pharmacist sit on.

The person in charge reports to the provider and prepares and presents a regular report to the board. The management team comprises of the nominated registered provider, the person in charge, and a staff nurse works 18 hours per week to oversee clinical care of residents. There is an administrator and a community employment (CE) scheme supervisor who is responsible for the recruitment and on-going training needs of staff on the CE scheme.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. The areas reviewed included medication management health and safety, infection control, hygiene, accidents and incidents. The person in charge discussed improvements that were identified with staff and an action plan to improve compliance was outlined as observed by the inspector.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2015. Resident satisfaction surveys had just been completed on the day of inspection the results of which indicated high satisfaction with the service provided.

**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 person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good

knowledge of residents care needs. The person in charge could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. She holds a degree in nursing, a certificate in gerontology, a certificate in care of the older person in a residential care setting, an advanced certificate in management and a diploma in dementia care as well as numerous other qualifications. Training records confirmed she had kept her clinical knowledge current and showed that she had attended numerous relevant training courses.

**Judgment:**  
Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
There had been no period of 28 days or more when the person in charge was absent from the centre. The person in charge is on-call at evenings and at weekends. She is supported in her role by a staff nurse who works in the centre for 18 hours per week. The staff nurse also takes charge of the centre in the absence of the person in charge and for annual leave. The staff nurse works on a full time basis when the person in charge is on planned leave. The inspector was satisfied that there were suitable arrangements in place for the absence of the person in charge.

**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:**

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures which incorporated the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). All staff had received training in safeguarding vulnerable adults. Staff who spoke with the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident

The person in charge informed the inspector that there were no residents who displayed behaviour that challenged. Training had been provided for staff in this area and staff also told the inspector that they had received dementia care training. There was good access to mental health services if required. A policy, which gave guidance to staff on how to manage behaviours that challenge, was also available.

There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment and restraint would only be used in very emergency situations. The inspectors saw that restraint was not common place in the centre and none were in use on this inspection.

The inspector was informed that the systems in place to manage residents' finances had not changed since the previous inspection. There were no additional fees payable by residents. The centre does not hold money on behalf of residents for safekeeping. Residents manage their own finances. Inspectors saw that each resident had their own personal lockable storage in their bedroom for same.

**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):**

No actions were required from the previous inspection.

**Findings:**

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. The inspector was satisfied that risk management was generally well managed. There was an up-to-date health and safety statement. There was evidence of health and safety committee meetings. Audits were completed on a regular basis which included areas such as housekeeping, manual handling, fire safety, clinical waste and sharps, and outdoor environment.

A comprehensive risk management policy that included the areas described in regulation 26(1) had been reviewed in June 2016. There was information on general hazard identification that outlined general and clinical risk areas. Risk management was supported by individual risk assessments for residents linked to their assessed needs. The inspector observed that these had been updated in January 2016.

The training records showed that staff had up-to-date refresher training in moving and handling. The inspector saw that there was report available on accidents/incidents for 2015. Total number of incidents was 20. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects.

There was an emergency plan that outlined the procedures to be followed in the event of emergencies such as fire, bad weather, loss of water and loss of power. There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Staff who spoke with the inspector were knowledgeable around infection control procedures. Hand gels, disposable gloves and aprons were appropriately located within the centre. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste.

There were procedures in place for the safe evacuation of residents in the event of a fire. There was a fire safety management policy due for review January 2017. Adequate signage was in place displaying the procedure to be followed in the event of a fire. There was a fire safety register that detailed the annual maintenance of fire safety equipment and lighting and the fire alarm was serviced quarterly. Records indicated that there were regular fire drills, the fire alarm was tested weekly and there were daily checks of means of escape.

Training records indicated that all staff had received fire safety training in 2015 and it was on going in 2016. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire and regular fire drills were undertaken. Residents also told the inspector what they would do in the event of a fire. Emergency exits were seen to be free of obstruction on the day of inspection.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

There was a centre-specific policy on medication management dated January 2015. The policy addressed the prescribing and administration of medications. The action from the previous inspection had been completed and the policy now covered the practice of transcribing. There were centre-specific policies in place to support the practice of self-medication by all residents in the centre. Each resident had an assessment carried out by the person in charge to establish their capacity to self-medicate and the level of supervision required.

Medications were delivered to the centre from a local pharmacy in unit doses and were either delivered directly to residents or they were held by care staff in the treatment room depending on residents' preferences. The centre had a process in place to reconcile the medications prescribed with medications delivered which was seen by the inspector. Medication prescribed on an "as required" PRN basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined.

However, in a sample of medication prescription records reviewed by the inspector it was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice. The person in charge carried out audits of medication management practices the last one had been completed in June 2016. The inspector accompanied a care assistant on part of a medication round and was informed of medication practices that had changed following the last audit. The inspector saw that medication management training had been provided to all staff involved in medication management. The pharmacist was available to see residents if they wished.

There were no controlled medications in use in the centre at the time of the inspection. Medication identifiers were available to help identify medications in the case of a medication dropping or needing to be withheld.

**Judgment:**

Substantially 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:**

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

No actions were required from the previous inspection.

**Findings:**

Residents had been assessed as not requiring full time nursing care. A nurse was employed who attends the centre for 18 hours per week over 3 days. Additional care hours could be made available as required, for example if a resident was receiving palliative care.

There was evidence that timely access to health care services was facilitated for all residents. A number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs. Residents had ongoing access to allied healthcare professionals including dietetics, speech and language therapy, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

There was evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. As the centre provided care for residents of low dependency there was a comprehensive protocol in place for the management of increasing dependency need and assessments undertaken for resident's requirement to move to nursing care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors. Residents said they were satisfied with the healthcare services provided.

Person centred care plans had been developed for residents with dementia in line with the centre-specific policy on dementia care. The care plan outlined the resident's daily routine, supports require to retain independence and meaningful activities. The inspector saw that a "Key to Me" had been completed and "My Passport for Care" had been developed to accompany the resident to hospital. This document gave a detailed synopsis of the resident and their care needs. It was clear to the inspector that the staff completing the care plans had an in-depth knowledge of the resident's likes, dislikes, communication ability, life story and needs. The inspector saw that some residents had their own cars and came and went as they pleased.

Residents' social care needs were met and residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A social care plan was developed for each resident on admission based on the resident's hobbies and interests. There was a range of activities offered including gentle exercise, cards, bingo and live music. On the day of inspection day care was in progress. The inspector observed residents from the centre and people from the local town enjoying meals and

chatting together. Residents enjoyed going into the local town to meet friends and to socialise. Residents told the inspector that they were very satisfied with activities and there was always something going on. The inspector saw that some residents actively participated in fund raising for the centre.

Based on these inspection findings, the inspector was satisfied that a good level of evidence based nursing care was delivered to residents in line with their assessed needs.

**Judgment:**  
Compliant

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

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

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

**Findings:**

St Lazerians House is a twenty bedded centre that provides care to low dependency residents. Residential accommodation comprises ten single bedrooms and five twin bedrooms. There was a large sitting room, a large day care room, a dining room, oratory and quiet room for residents use. The centre was bright, clean and appeared to be in a good state of repair on the days of inspection. There were appropriate pictures, furnishings and colour schemes.

There was plenty of communal space and the design of the building allowed freedom of movement for residents to walk around and choice as to where they spend their time. There was a smoking room in one of the outdoor areas which was also connected to the call-bell system. The furnishings were comfortable and suitable for resident's use. Bedrooms were adequate in size, had suitable storage including lockable storage and were personalised with resident's personal possessions. Corridors were wide and free of obstructions with hand rails throughout. There were an adequate number of toilets.

On the previous inspection it was found that there were not sufficient shower/bath facilities to meet the needs of all the residents. There was a sluice room containing a bedpan washer and a sluice sink. However, there were no separate hand-washing facilities. On the day of inspection building works were in progress and to date all

external works are completed. When the project is completed the bed capacity will remain at 20. The project consists of building:

one additional bathroom with shower and toilet  
two separate toilets  
converting a double bedroom to a sluice room and cleaning store  
converting an existing office to a bedroom  
building one bedroom  
refurbish existing bathroom and shower install hand washing sinks.

The inspector observed that all of these works will enhance the current environment for residents.

The staff facilities were upstairs on the first floor that included a changing area with lockers, a kitchenette and toilets. There were large external gardens and pathways which were well maintained. Seating was provided there for residents and their visitors. There was ample parking space provided for residents, staff and visitors.

**Judgment:**

Non Compliant - Moderate

***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:**

St.Lazerian's accommodates low dependency residents and there is not a requirement for nursing staff to be present in the centre at all times. The person in charge was an experienced nurse and works Monday to Friday and is on-call at night and weekends. There was also a staff nurse that works three days each week and is also on call in the absence of the person in charge. There was a care assistant on duty at all times during the day and night. Additional staff employed in the centre included an administrator and a cook. There were a number of staff working in the centre from the community employment scheme including a supervisor, activities coordinator, catering, cleaning, laundry and maintenance. The inspector was satisfied that there were adequate staffing

levels and skill mix to meet the needs of residents.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the Regulations and the standards had been made available to them. Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. There was evidence of good communication amongst staff with staff attending handover meetings. The inspector viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed. Supervision of staff was on going with regular staff appraisals taking place.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Staff were facilitated with continuous training such as infection control, medication management, health and safety, dementia care, record keeping and challenging behaviour. All staff had received up-to-date mandatory training on safeguarding vulnerable adults at risk of abuse, fire and manual handling. The inspector viewed a sample of personnel files that contained all of the requirements of Schedule 2 of the Regulations.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

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

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Lazerian's House
<b>Centre ID:</b>	OSV-0000556
<b>Date of inspection:</b>	02/08/2016
<b>Date of response:</b>	09/08/2016

### 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 09: Medication Management

#### Theme:

Safe care and support

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

In a sample of medication prescription records reviewed by the inspector it was observed that not all medications were individually prescribed by the prescriber.

#### **1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The medication sheets have now been signed individually by the GP, the GP has been informed that each line on the medication sheet must be signed individually.

**Proposed Timescale:** 03/08/2016

**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:**

There were not sufficient shower/bath facilities to meet the needs of all the residents. There were no separate hand-washing facilities.

**2. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The building commenced in April 2016 and will be completed by 1 December 2016. The external building is completed, the plumber is due next week for the bathroom, toilets and hand washing sinks. Flooring and tiles have been ordered.

**Proposed Timescale:** 01/12/2016