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Oranmore Nursing Home, Bushfield, Oranmore, Galway.

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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:	Oranmore Nursing Home
Centre ID:	OSV-0000374
Centre address:	Bushfield, Oranmore, Galway.
Telephone number:	091 792 301
Email address:	adminomnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Patrick Keane
Provider Nominee:	
Lead inspector:	Julie Pryce
Support inspector(s):	Florence Farrelly;
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	9

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: 11 March 2015 09:30 To: 11 March 2015 17:00

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was conducted in order to monitor compliance following the issuing of an improvement notice by the Authority in October 2014 and the receipt of unsolicited information to the Authority. The focus of the inspection included, but was not limited to, the required actions of the Improvement Notice under six of the Outcomes.

During the inspection, the provider informed inspectors of his intention to cease the business of the nursing home and subsequent to the inspection the required notification under Section 66 of the Health Act 2007 (NF35) was received by the Authority.

As part of the inspection process inspectors met with residents and staff, reviewed documentation and observed practice. Whilst some improvements had been made since the last inspection, for example in medication management and in the management of challenging behaviour, significant improvements were still outstanding, including staffing levels and skills mix and the management of risk.

The following is a list of the Outcomes and the level of compliance achieved:

- Outcome 2: Governance and Management - Major non - compliance
- Outcome 4 : Suitable Person in Charge – Compliant
- Outcome 5 : Documentation – Major non - compliance
- Outcome 7: Health and Safety and Risk Management - Major non - compliance

Outcome 8: Safeguarding and Safety - Major non - compliance
Outcome 9: Medication Management - Moderate non - compliance
Outcome 11. Healthcare Needs – Substantially compliant
Outcome 18: Suitable staffing - Major non - compliance

These matters are addressed in the body of the report and in the action plan at the end of the 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):

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

Findings:

During the course of the inspection the provider discussed with the inspectors his plans to cease business and the possibility of handing over the business to another provider. The person in charge, financial controller and staff spoken with were aware of the proposed changes and informed the inspectors that discussions were at an advanced stage with the proposed new provider.

Meanwhile, however, inspectors were concerned that the governance and management systems in place were not effective in ensuring the quality and safety of care and support for residents living in the centre currently.

Although, as further discussed under Outcome 4, the person in charge was appropriately qualified, experienced and skilled, there were no structures and processes in place to support her in this role, for example it had been several months since she had met with the provider. In addition, there was no clearly defined management structure, and no formal deputising arrangements in place in the event of the absence of the person in charge.

There were improvements since the last inspection in the monitoring of the delivery of care and support. The person in charge had undertaken various audits including audits of medication management, of care plans and of the use of restraints. However, as yet, not all these audits resulted in an action plan, and where there were action plans there was no evidence of monitoring the implementation. In addition the provider had not undertaken an annual review of the quality and safety of care and support as required by the regulations.

The inspectors were satisfied that the registered provider had ensured that the designated centre was sufficiently resourced to allow for the effective delivery of care

and support.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. There was evidence of her continuing professional development and of her supporting staff to keep up to date. She was aware of her responsibilities under the regulations.

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):

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

Findings:

The inspectors found that some measures were in place to protect residents and to respond to any allegations of abuse. Staff members engaged by the inspectors were knowledgeable in relation to the types, signs and management of any allegations of abuse. There was a policy in place with sufficient detail as to guide staff. However, not all staff had received training in relation to the protection of vulnerable adults as

required by the regulations. The person in charge had made arrangements for this shortfall to be rectified.

The inspectors found that there were systems in place to safeguard residents' finances. A clear policy was in place in sufficient detail as to guide staff practice, and balances checked by the inspectors were correct. However, the inspectors were concerned that the recruitment practices in relation to the financial manager, as identified in the last inspection, had not all been rectified. Whilst a file with some of the required documentation was now available in the centre, and this file now contained evidence of Garda vetting, there was still no evidence of references from previous employers or certification for qualifications as required by the regulations.

There was evidence of good practice in relation to the management of behaviours that challenge. For example any incidents of challenging behaviour were documented and analysed, and resulted in plans of action. In addition staff were knowledgeable regarding the management of individuals, and could describe the strategies utilised to prevent incidents of challenging behaviour. However, these strategies were not always documented or recorded so that the inspectors were concerned as to how their effectiveness could be monitored. This is further discussed under Outcome 11.

Restrictive practices in the form of the use of bed rails were in place for several residents, and risk assessments had been conducted, in some cases there was clear evidence that the resident had been involved in the decision to utilise restraint, and had expressed a preference for this to continue.

However, while risk assessments were in place for those residents who were unable to express a preference, there was no evidence of any alternatives to the restriction having been considered, and no documented rationale for the practice.

There were systems in place to facilitate regular checks of restrictive interventions, including two hourly checks of bed rails, but the recording of these checks was not completed for every occasion examined by the inspectors, so that it was not clear that the checks had taken place.

During the course of the inspection one resident who was in bed was found by inspectors to have their leg and foot hanging through the bed rails. On examination of the risk assessment for this resident there was clear guidance regarding the use of 'bumpers', or protective padding, and of the use of wedges to prevent this occurrence, neither of which was in place. This was discussed with the person in charge and immediately rectified.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

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

Findings:

Improvements had been made in response to actions required from the last inspection in relation to fire safety. For example, all bedroom fire doors were now self closing and were no longer wedged open and all fire exits were clear and there was evidence of daily checks of these exits. All staff engaged by the inspector were aware of the procedure to follow should a resident's clothing catch fire. Specific risks identified at the last inspection regarding the smoking area had also been addressed, including the instigation of 15 minute checks, risk assessments and management plans for smokers and increased ventilation to reduce the drifting of cigarette smoke into adjacent areas.

However fire safety training was not up to date for all staff, as further discussed under Outcome 18. The person in charge provided the inspectors with confirmation of training dates to rectify this during the course of the inspection.

Improvements had also been made in infection control, for example, appropriate equipment was available, including suitable waste disposal, and the knowledge and observed practices of staff were in accordance with best practice, and with the policy of the centre.

The risk management policy was sufficiently clear and detailed as to guide staff, and now included all the requirements of the regulations, and for the most part practice reflected the guidance of this policy. There were risk assessments and management plans in place for all of the identified risks to individual residents examined by the inspectors. Arrangements for the identification, recording, investigation of and learning from any accidents and incidents were in place, including evidence that such information informed the care plans of residents and the subsequent delivery of care.

However, not all of the risks identified at the last inspection had been managed, for example, unsafe flooring and carpeting which posed a risk to residents had not been replaced.

Judgment:

Non Compliant - Major

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):

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

Findings:

Some improvements had been made in the management of medications since the last inspection, for example medications were now stored securely. Practices observed by the inspectors in relation to administration of medications were in accordance with best practice and national guidelines.

However, a monthly audit conducted in conjunction with the pharmacist was reviewed by the inspectors, and not all of the agreed actions had been implemented, as discussed under Outcome 2.

In addition, there was ambiguity in the guidance for administration for some residents. For example, there was guidance in the care plan for one resident that directed staff to crush all medications, but not all of these medications were prescribed as needing to be crushed. The inspectors were concerned that this could lead to medication errors. There was further ambiguity regarding the prescription for another resident who should have been receiving medication in liquid form as identified in a recent audit, but who was still receiving the medication in tablet form.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Improvements had been in meeting the healthcare needs of residents since the last inspection. The inspectors found that residents received a good standard of nursing care from staff who were familiar with their health care needs, and that regular healthcare reviews were conducted.

Care plans were based on the assessed needs of residents, contained sufficient detail as to guide care delivery and were regularly reviewed. However, some of the assessments on which these plans were based were undated, so that inspectors were concerned as to whether they were contemporary.

In addition some aspects of the care plan were missing for some residents, for example, a plan regarding end of life care was missing.

Implementation of care plans was recorded for the most part, but some of the care plans reviewed by the inspector did not include recording of the implementation, so that it was not clear that the intervention took place, and inspectors were also concerned that the evaluation of the effectiveness of the intervention could not be assessed in the absence of this information.

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):

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

Findings:

Inspectors again remained concerned that staff recruitment processes did not safeguard residents, and that information required by the regulations had still not been obtained for all staff working in the centre. In addition to the file for the staff member discussed under Outcome 7, two other files selected by the inspectors at random were also incomplete.

Inspectors continued to be concerned about the skill mix of staff over the 24 hour period. There continued to be only one nurse on night duty in the centre, the other staff were care staff, so that inspectors were not satisfied that there was adequate nursing cover to meet the assessed needs of residents, particularly as medication administration took the nurse at least 2 hours in the early part of the night shift. In addition staffing numbers during the days were inconsistent, and there was no rationale based on the assessed needs of residents for the lower numbers of staff on some days.

There were significant gaps in staff training, including fire safety training and training in the protection of vulnerable adults, as well as training relating to the assessed needs of residents including the management of dysphagia or the management of challenging behaviour.

In addition no arrangements were in place to support and performance manage staff, there were no staff appraisals or performance development strategies in place.

Judgment:

Non Compliant - Major

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:

Julie Pryce
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:	Oranmore Nursing Home
Centre ID:	OSV-0000374
Date of inspection:	11/03/2015
Date of response:	28/04/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management structures were not in place to support the role of the person in charge.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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:

The new management structure will consist of the incoming Registered Provider, the Person in Charge and newly appointed Clinical Nurse Manager. Lines of communication are clear and all staff have been briefed regarding the new management structure.

A senior staff nurse will be nominated to deputise in the absence of the Clinical Nurse Manager and Person in Charge.

The incoming provider is at all times accessible to offer guidance and support to the Person in Charge and Clinical Nurse Manager.

The management structure will be displayed throughout the home and also indicated on the staff roster.

Proposed Timescale: 28/04/2015

Theme:

Governance, Leadership and Management

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

There were not adequate structures in place to ensure the monitoring of the implementation of audits.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The audit schedule has been revised to reduce the amount of audits being done in a period thus allowing for closer monitoring of actions.

Each audit undertaken will result in an action plan.

Action plans will be implemented by the Person in Charge and Clinical Nurse Manager.

Daily handovers and staff meetings will be utilised as forums to discuss audits and also communicate the implementation of action plans.

Monitoring the implementation will be done by supervision of staff and re-audit.

Proposed Timescale: 28/04/2015

Theme:

Governance, Leadership and Management

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

The provider had not undertaken an annual review of the quality and safety of care and support of residents.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

A quality and safety of care audit is now in progress. Findings from this audit will be used to identify areas for improvement and also identify areas of good practice. These will be communicated to staff at care team meetings and individually during performance appraisal meetings also.

The Provider and Person in Charge will develop an action plan based on audit findings in order to enhance to the quality and safety of care within the home.

Proposed Timescale: 31/05/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was no evidence of alternatives to restrictive interventions having been considered for some residents.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

All risk assessments for residents using restraints have now been updated to detail the consideration of restrictive interventions.

All restraint care-plans detail resident requirements as well as preferences for use of restraints.

A restraint reduction plan has been developed and is being reviewed three monthly in conjunction with risk assessments, unless otherwise required.

Proposed Timescale: 28/04/2015

Theme:

Safe care and support

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

Systems to ensure adequate checks of restrictive interventions were not robust.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A system has now been implemented to monitor adequate checks of restrictive interventions. The importance of documentation of checks is reiterated daily and following communication with nursing staff a more efficient method has been established.

Restraint training with an external instructor has been scheduled for May 2015.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Required safeguards during the implementation of restrictive interventions were not in place.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The Person in Charge has developed a system to ensure the required safeguards are in place during the implementation of restrictive interventions.

The restraints register has been amended to guide staff as to where safeguards are required.

The importance of required safe guards has been discussed at team-meetings and daily handovers.

The implementation of safe-guards is being monitored by the Person in Charge, Clinical Nurse Manager and Staff Nurses.

Proposed Timescale: 28/04/2015

Theme:

Safe care and support

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

Not all staff had recieved training in the protection of vulnerable adults.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection

and prevention of and responses to abuse.

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

Training in the protection of vulnerable adults is underway for all staff at present. The Elder Abuse policy is incorporated into this training and is accessible at all times in various locations throughout the home.

Proposed Timescale: 31/05/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Significant risks to residents had not been managed.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A full review of all staff files has been undertaken and an action plan has been implemented to retrieve any outstanding information. Staff members who were not formally fire trained completed this training on 23/4/15. The new refurbishment plan is being reviewed by the incoming Provider which will include safety flooring in communal areas. It is estimated that works will commence late may.

Proposed Timescale: 30/06/2015

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:

There was ambiguity in medication orders.

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 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:

A full review of all resident kardex has been completed by the Person in Charge. There are now no discrepancies between the kardex and prescriptions. Care-plans have been reviewed and there is clarity regarding the crushing of medications.

Further instructions have also been made available for the nursing staff and where there are concerns regarding the method of medication administration, these are reported to the Person in Charge/Clinical Nurse Manager/ General Practitioner.

A full review of all kardex is being conducted weekly by the Person In Charge and Clinical Nurse Manager to monitor documentation and safe practice.

An audit of the medication management system is being undertaken by the Pharmacy in May 2015.

Proposed Timescale: 28/04/2015

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:

There was insufficient evidence of contemporaneous assessments.

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The importance of accurate documentation has been reiterated to all staff nurses. All assessments are now dated. Documentation is monitored on an ongoing basis by the Person in Charge and Clinical Nurse Manager.

Proposed Timescale: 28/04/2015

Theme:

Effective care and support

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

Some care plans required review as they were outside of the 4 month review date..

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

it, after consultation with the resident concerned and where appropriate that resident's family.

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

A named nurse system is in place to ensure the timely review of all care plans. Protected time for care-plan completion is rotated between all nursing staff. Nursing staff are liaising with residents and relatives at present in order to complete outstanding end of life care-plans. The care-plan document has been modified to guide nursing staff to recorded implementation and also to evaluate its effectiveness. The care-planning process is monitored by the Person in Charge and Clinical Nurse Manager.

Proposed Timescale: 31/05/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The registered provider had not ensured that the number and skill mix of staff was appropriate to the assessed needs of residents.

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:

Pending the new Provider taking over staffing levels and skill mixes will be constantly monitored and changed where necessary. Where dependency levels increase or adverse events occur, extra staff will be rostered accordingly. The staff nurse day duty roster will be reviewed in line with the night time drug round to alleviate the night nurse somewhat and maintain a safe medication system. The emergency plan will be updated to include 'on-call' arrangements should a member of staff become ill on duty. The Person in Charge and clinical nurse manager have access to a recruitment agency where it is required.

Proposed Timescale: 01/06/2015

Theme:

Workforce

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

The person in charge had not ensured that staff had access to appropriate training.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

A training schedule for those staff who did not received updated training is being developed by the Person in Charge with the support of the Provider. Fire training was completed by all staff on April 23rd.

Dysphagia training is scheduled for April 29th. Elder abuse training is underway at present. Restraints training and wound care training are scheduled for May 2015.

A training matrix is used to monitor training attendance.

Performance appraisals are now in progress. These will allow the Person in Charge identify training needs and implement individualised training plans for staff.

The Person in Charge and Clinical Nurse Manager are enrolled in an external Train the trainer programme due to commence May. Upon completion they will be certified to facilitate staff in-house training in specific areas.

Proposed Timescale: 30/06/2015