Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St. Ursula's Nursing Home
Centre ID:	ORG-0000171
Centre address:	Golf Links Road, Bettystown, Meath.
Telephone number:	041 982 7422
Email address:	seamus.sarsfield@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ballyhavil Limited
Provider Nominee:	Seamus Sarsfield
Person in charge:	Jennifer Keenan
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
02 April 2014 09:30	02 April 2014 18:05

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

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

Summary of findings from this inspection

This inspection was unannounced and carried out by one inspector over one day. It was the fifth inspection of the centre. The most recent inspection of this centre took place 19 June 2013. The registration of the centre expires 22 February 2015 and will receive an inspection prior to the renewal of their registration. Not all actions from the previous inspection had been realised as outlined in the body of the report.

The centre, on the day of the inspection, was a hive of activity. Residents were getting up from bed and being assisted with their morning routine. There was a pleasant atmosphere in the centre, the inspector observed respectful and jovial interactions between staff and residents. This was reflective of all witnessed communications throughout the day. Residents told the inspector that the staff were pleasant and helpful. A nutritionist had visited the centre on the day of inspection. They told the inspector they visited the centre every six weeks at a minimum and sooner if required. Although there were satisfactory practices identified on the day of the inspection some improvements were required. Risk management was not robust and required significant improvements. Care plans for residents, although reviewed regularly, did not focus enough on the social aspect of care and it was difficult for the inspector to ascertain the training staff had received and their future training needs. The premises was homely, warm and bright but improvements were required as detailed further in the report.
All non compliances will be further outlined in the body of the report and in the Action Plan at the end of the report.

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

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The person in charge was at the designated centre on the day of inspection. She was knowledgeable of the Regulations and was clear regarding her role and responsibilities. There were clear reporting structures. The person in charge reports to the Provider who she meets with almost daily. The nurses reported to the person in charge directly and the health-care assistants would report to two lead carers, depending who was on duty. Staff spoken with confirmed this. There were regular staff meetings, however the person in charge told the inspector there had not been a staff meeting since December but she would rectify this. The person in charge also stated that she had regular clinical governance meetings. The inspector observed from the records the most recent was held in February of this year.

The person in charge stated that she had an open door policy and was available to staff, staff spoken with confirmed this. Every resident had a care plan with an assessment, for the most part, of their needs. The inspector observed the person in charge interacting with residents in a gentle manner; she demonstrated knowledge of the residents and their needs. The residents, who the inspector spoke with, were able to identify the person in charge.

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
The previous inspection identified a non compliance relating to providing sensory stimulation, through activities, to reflect the interests and abilities of all residents with cognitive impairments. The providers action plan stated this would be realised by December 2013. Although a staff member was highlighted as attending Sonas training this had not yet been completed. The person in charge told the inspector, once the course was complete, the staff member would be allotted time to pursue these activities.

Training records, viewed by the inspector, for elder abuse training showed that all staff had up-to-date training. The most recent training session was held 19 February 2014. Staff spoken with were aware of their responsibilities to report allegations of abuse and were knowledgeable of the types of abuse that could occur. Staff were clear on who they had to report allegations of abuse to and the information that had to be documented.

There was a policy in the centre on safeguarding residents from abuse which was reviewed by the inspector. The policy failed to identify the internal person, by name, who allegations or incidents of abuse were reported to and it also failed to identify an external person such as an advocate. Further clarity was required for staff regarding the do's and don'ts should they receive a report of abuse from a resident. The person in charge told the inspector she would address these deficits.

Residents spoken with said they felt safe and were able to identify specific staff members whom they would speak with should they have any concerns over their safety or welfare.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:

The previous inspection identified non compliances with regards to a comprehensive risk management policy. This action was not realised. The risk management throughout the centre was not robust and failed to identify all risks within the centre. Risk management in the centre was disjointed with elements of risk management, in the form of audits, in numerous file locations. The risk management process was not clear or concise. Although the person in charge was aware and told the inspector of most of the risks in the centre, the inspector was unable to decipher at a glance where the risk lay in the centre. The risk register was weak and required significant development. It was not evident that there had been learning from all serious or untoward incidents or adverse events involving residents. There was a recent abscontion in the centre and although the person in charge had carried out a risk assessment for that particular resident, they failed to carry out a risk assessment for the whole centre and for other residents who may be exposed to the same risk. The policy on the eloping of residents was not robust and lacked detail. The flow chart, outlining all steps staff should take if a resident eloped, failed to direct staff to carry out a risk assessment and there had been no missing person's drills in the centre. Not all incidents of falls were appropriately addressed. Neurological observations were not carried out where relevant. There was no evidence that control measures, which were put in place following a series of falls, were reviewed for effectiveness.

Audit tools were used by the person in charge to identify deficits and potential risks. However the frequency of the audits been carried out was inconsistent. An infection control audit was carried out 7 May 2013 and had not been re audited until 26 March 2014. Infection control processes had been highlighted in the previous inspection as a risk therefor these audits should have been more frequent. Qualitative reports were not produced for all audits all of the time. The medication audits, carried out by the person in charge, did not all have qualitative reports. The safety statement, although informative, was not centre specific.

There were good safety measures in place to protect residents while moving through the centre. Sufficient grab rails were situated in bathrooms and the hallway. There was a chair lift in place that was regularly serviced. Fire safety was satisfactory, there were regular fire drills, all staff had up-to-date training in fire safety and staff spoken with were knowledgeable on what to do should there be a fire. There was a clearly marked assembly point on the external grounds that staff were aware off. Fire equipment and the fire alarm were tested regularly. The fire extinguishers were due for retesting May 2014. Chemicals were placed in a press that had secure keypad access. There were hand hygiene units throughout the centre.

The provider and person in charge told the inspector of their commitment to deliver on improving the centres risk management.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
Actions from the previous inspection had been addressed as seen by the inspector. The person in charge had put in a clear system to ensure that the prescribing general practitioner (GP) signed the transcriptions, as transcribed by the nurse within the specified 72 hour time frame. All scripts that were due to be signed were not filed away until the GP's signature was present. The GP was phoned in advance of the expiration of the allotted 72 hours.

There was a medication policy in place and audits were carried out on the medication. The nurse was familiar on what actions to take should there be a medication error. The inspector observed the nurse on duty dispense medication at lunch time. The nurse failed, on two occasions, to check if the resident was ready for or present to take their medication, this practice left the margin for making a medication error greater. All other elements of the medication dispensing were satisfactory. There was a small amount of control drugs in the centre. Two nurses checked and signed off on the control drugs daily. The prescription sheet included the appropriate information as required under the Regulations such as the name and address of the resident along with a photograph. The maximum dose for PRN medication (medication as required) was stated.
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Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:

Each resident at the centre had a care plan. The inspector viewed a selection of resident's care plans. The inspector found that the care plans, in general, were reviewed every three months. The inspector noted that each resident's care plan that was reviewed had an assessment on admission to the centre. However not all aspects of the assessment for all residents was complete.

Those residents that had a restraint such as a bed rail had signed a consent form, but not all restraints had been reviewed. One resident had a restraint usage form in their care plan dated February 2011 but the inspector was informed by the person in charge that the use of this rail had ceased. This was not documented in their care plan. Care plans were not developed for all aspects of residents needs. One resident had a recent history of falls and although there was a falls risk assessment in place there was no care plan developed for the management of the falls.

The person in charge told inspectors that residents were involved and consulted with in the development and review of their care plans but there was no documented evidence of this. One care plan viewed by the inspector had detail with regards to their life story however this was not consistent for all care plans. Care plans had limited focus on the social care elements of resident's lives.

There were detailed and meaningful daily notes in the care plans viewed and access to GP's and allied professionals was timely.

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
The centre was warm, homely and resident’s rooms were personalised and decorated to their taste. Each resident had their own room with sufficient storage. Residents told inspectors that they enjoyed living in the centre and were comfortable.

Some non compliances had been identified in the previous inspection, some of which had been addressed. The provider informed the inspector that he had plans to develop the centre to enable full compliance as stipulated in Standard 25 by July 2015. The

provider told the inspector that he would forward on the completed plans when available. As required, following the previous inspection, there were now separate cleaning areas for domestic and non domestic, however not all of these fixtures were permanent or appropriately housed. One sink for the disposal of dirty water was outside but the provider stated this will be rehoused as part of the development. There were temporary facilities to store mops in an external press. A new structure, off the laundry, has been erected, by the provider, to segregate dirty and clean laundry. A trip hazard was identified at this area, the inspector showed this to the provider on the day of inspection. There were insufficient external communal grounds for residents to enjoy safely and there was inadequate parking at the centre. Should emergency services or disabled parking be required there were no designated spaces for them. There was no communal space provided for residents for the provision of cultural and religious activities. There was a large lounge room with a conservatory off it. On the day of the inspection staff were with some residents in the lounge room engaging in recreational activities. A staff member who fulfilled maintenance duties worked at the centre in the afternoons.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
The centre had a complaints policy, staff and residents, spoken with by the inspector were able to identify the person whom they would report a complaint to. However, the policy failed to name the complaints officer and it also failed to identify an independent appeals person. Staff were familiar with the complaints process and the accompanying reporting procedures. The inspector viewed the complaints log. In the past ten months there had been two complaints, the most recent was logged 2 April 2014. It related to food and had been addressed by the person in charge. The inspector observed a suggestions box in the centre and a summary of the complaints procedure was displayed in the hallway.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected

and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Findings:
The inspector found that at the time of inspection there was adequate staff on duty. Nursing staff in addition to health care assistants, catering, laundry and cleaning staff were all on duty on the day of inspection as too was the provider and person in charge. At the time of inspection, interviews were arranged for that day. The person in charge identified the centre required some additional health care assistants. The person in charge stated that if their recruitment drive was unsuccessful they would have to use agency staff. They were reluctant to do this as they were conscious this was not good for continuity and consistency of care.

From discussions with staff, the inspector found them to be person centred and aware of their roles and responsibilities. Staff were aware of the reporting structures and confirmed that they would liaise with the person in charge should they require further support. Handovers took place each morning, at the change of shifts where staff were updated regarding the resident's care, support and welfare.

It was difficult for the inspector to ascertain the training of all staff, there was no training needs analysis available on the day of inspection. The person in charge stated she would address this and develop a tool to appropriately record and track training. There was no training for staff regarding falls management which was highlighted as a high risk by the person in charge. However the person in charge had identified the need to provide staff with training on nutrition, this was arranged for 28 April 2014 for all relevant staff.

The inspector viewed four staff files. Not all were in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There were gaps in the employment history for some staff, not all staff files viewed had three references or certification to state they were medically and physically fit.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St. Ursula's Nursing Home
Centre ID:	ORG-0000171
Date of inspection:	02/04/2014
Date of response:	19/05/2014

Requirements

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

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there was a policy available for inspectors to view, it failed to name both the internal and external person to link with regarding an allegation of abuse. It also failed to clearly identify the do's and don'ts for staff should there be an allegation of abuse.

Action Required:
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
Our policy for prevention, detection and response to elder abuse has been updated including internal and external links used. Also a list of do's and don'ts have been added.

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

Proposed Timescale: 01/05/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all elements of the risk management policy have been implemented throughout the centre.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
Under Reg 31(1) Our policy on risk management has been updated and is currently being implemented throughout St Ursula's. A more robust system is being implemented throughout the nursing home

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all risks have been identified within the centre. Learning, from all untoward incidents, accidents and other identified risks, was not evident or used to inform practice. This was particularly relevant to falls and eloping residents.

Action Required:
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
A comprehensive risk assessment is in the process of being implemented for all residents and this includes absconsion as it is an area we need to highlight fully.

All accidents and incidents are recorded and a breakdown of such are recorded on a monthly flow sheet with a risk assessment included and all care plans updated as necessary. These will be discussed at our risk management meetings and relayed to all staff through staff meetings and breakdown charts in the nurses office.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The precautions in place to control the risk of eloping residents was not sufficiently robust. An abscontion risk assessment was only carried out for one resident who had absconded and no missing persons drills had taken place.

Action Required:
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
We are currently updating our risk assessment policies and guidelines. Our emergency plan now incorporates 'What to do if a resident absconds' The PIC is currently relaying to all staff of the do's and don'ts of what to do in an emergency situation through small teaching sessions using scenarios and going through the policy step by step. A missing person's drill was conducted since inspection date and all staff on duty reacted accordingly. This will happen more frequently throughout the year.

Proposed Timescale: 30/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all practices regarding medication administration, as observed on the day of inspection, were appropriate and suitable.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
We have a comprehensive written policy on medication management which all staff are familiar with. They have all received an update training day in Jan 2014 . Since our inspection the PIC and the Pharmacist are again updating all staff nurses by teaching sessions in the evening. This will be completed by the end of May

Proposed Timescale: 31/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had care plans developed that were specific to their needs e.g. care plan was not developed for a resident who has a history of falls.

Action Required:
Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

Please state the actions you have taken or are planning to take:
The resident in question has, since inspection, had their care plan updated with a more robust risk assessment.
All residents care plans are being updated accordingly.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each resident's comprehensive assessment of needs were not completed in full.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All careplans are being updated and this will be completed by the end of May.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that residents were consulted with in the development or revisions made to their care plans.

Action Required:
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
We strive to complete all residents careplans in their company, although this was not evident in their files on the day of inspection, it is common practice in St Ursula's. The PIC and All staff nurses are meeting with residents and their families, Next of kins and are updating careplans appropriately with a signature.

Proposed Timescale: 20/06/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that residents were notified of any care plan reviews.

Action Required:
Under Regulation 8 (2) (d) you are required to: Notify each resident of any review of his/her care plan.

Please state the actions you have taken or are planning to take:
This is also being updated so as the resident can sign and agree to their plan of care.

Proposed Timescale: 20/06/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no communal space for residents cultural or religious activities.

Action Required:
Under Regulation 19 (3) (h) you are required to: Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

Please state the actions you have taken or are planning to take:
The communal space in St Ursula's is used for cultural and religious activities. We have mass every Thursday for all residents, families and staff who wish to attend. Those residents who prefer to stay in their bedrooms are visited by the priest for communion and a private blessing. All residents have their own single room so this is provided with the utmost respect and dignity. We do not have a completely separate designated area for only these activities at present.

Proposed Timescale: 28/02/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The external grounds are not suitable for the safe use by residents.

Action Required:
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:
A safe enclosed external area via the conservatory will be in place within two months.

Proposed Timescale: 30/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was inadequate and insufficient parking available at the centre, in particular there was no designated area for emergency services or disabled parking.

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

Please state the actions you have taken or are planning to take:
On the day of our inspection we had a teaching session in progress which contributed to the amount of parking spaces taken up. We have now provided staff with alternative parking which is off the main premises in the property next door which belongs to St Ursula's.
We will have a designated disabled parking space and emergency services parking space also which is outside the main entrance.

Proposed Timescale: 30/04/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy failed to outline who the nominated person was to deal with complaints and the policy also failed to identify the independent appeals person.

Action Required:
Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Please state the actions you have taken or are planning to take:
The policy is now updated with the PIC as the nominated person who deals with complaints and the independent appeals person has been identified.

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no training needs analysis in the centre therefor it was difficult to decipher if training and education needs of staff, pertinent to their role, were met.

Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:
A training needs analysis and matrix are now in place in St Ursula's which makes identifies the needs of our staff. All staff are up to date with their mandatory training and are continuing with their professional development throughout the year.

Proposed Timescale: 30/04/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff files had certification that they were physically and medically fit for the purposes of their employment.

Action Required:
Under Regulation 18 (3) (c) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

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

All staff have self declarations in their files and have now been provided with a medical declaration form that they will return to the PIC. This will be complete by the end of June

Proposed Timescale: 30/06/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all files, viewed by inspectors, contained all information and documentation as outlined in Schedule 2.

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

Please state the actions you have taken or are planning to take:
The PIC and the proprietor are meeting with all staff individually and going through our staff files. This will also be completed by the end of June.

Proposed Timescale: 30/06/2014