

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hamilton Park Care Facility
<b>Centre ID:</b>	OSV-0000139
<b>Centre address:</b>	Balrothery, Balbriggan, Co. Dublin.
<b>Telephone number:</b>	01 690 3190
<b>Email address:</b>	info@hamiltonpark.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Hamilton Park Care Centre Limited
<b>Provider Nominee:</b>	David Pratt
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Shane Walsh
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	117
<b>Number of vacancies on the date of inspection:</b>	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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 17 February 2015 10:30 To: 17 February 2015 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an unannounced follow-up inspection by the Health Information and Quality Authority (the Authority). The purpose of this inspection was to follow up on matters arising from the centre's last inspection on 18 December 2014 and to monitor progress on the actions required from that inspection. The inspection also took account of information received by the Authority in the form of notifications and unsolicited information received. A total of eleven outcomes were inspected against and five of these were found to be in total compliance, four were substantially compliant and the remaining two outcomes moderately non-compliant.

The management structure was still found to be non-reflective of that documented in the centre's statement of purpose. A new person in charge had been appointed a little over a week before this inspection took place and this had already had a positive impact on the running of the centre. The inspectors observed that the management structure had been reviewed and all disciplines were now reporting into the person in charge and the provider. The person in charge had support from an assistant director of nursing and one clinical nurse manager in each unit. From speaking to members of staff it was clear that there was a positive attitude towards the appointment of the person in charge and towards change within the centre.

Staffing levels and skill mix on the day of inspection were appropriate to meet the needs of residents. Inspectors reviewed the staff rosters and determined that the staffing levels and skill mix was maintained at a consistent level. Updated Garda vetting had been submitted for all employees on the date of inspection.

The inspectors observed that progress was being made in regards to the premises meeting the needs of residents. The high dependency unit was in the process of renovation. One of the four six-bedded bays had been converted into four single rooms and a twin room. All hot water taps had been fitted with thermostatic valves to control the temperature. The inspectors observed that not all of the equipment used in the centre was in good repair and two fire exits were also seen to be blocked in two separate units.

Inspectors found that the healthcare needs of the medical and nursing needs of the residents were being met. The action plans at the end of this report reflect the outcomes not met on this inspection.

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

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

**Findings:**

The statement of purpose was reviewed in January 2015. It included a statement of the aims, objectives and ethos of the designated centre. It did reflect most of the facilities and services provided for residents and most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

However, minor changes were required, for example, the new management structure needed to be reviewed to ensure all departmental managers were reporting into the person in charge who in turn reported to the provider. Also measurements of the newly developed rooms throughout the centre required to be added to the document.

Staff spoken with were familiar with its content.

**Judgment:**

Substantially 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):**

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

**Findings:**

A new governance and management structure had been put in place since the last inspection of 18 December 2014. There was evidence that this new structure was effective. However, the reporting structure needed to be revised to ensure all managerial staff were reporting to the person in charge and the provider.

The new person in charge was supported by the provider nominee and an assistant director of nursing, there was also a clinical nurse manager on each of the five units in the centre.

The full nursing management team met each Monday with the person in charge and discussed all relevant issues. A staff nurse and health care assistant from each unit together with a member of staff from the catering, household and maintenance team met in the person in charge office each morning to communicate with her and each other.

The clinical nurse managers spoken with told inspectors they were involved in the management of the unit. For example, they were now responsible for completing the roster for their respective unit.

Staff had a clear understanding of the management structure in place. They knew the lines of authority or accountability. All staff had been issued with new contracts of employment and a separate document which clearly outlined their roles and responsibilities. Some had been returned by staff however, the proposed timescale for return was post this inspection date.

There was no evidence that an external company had audited any part of the service other than hand hygiene. The results of this audit were not available for review. The new person in charge explained that systems to review the quality of care and quality of life provided to residents had not been established and therefore had not been completed to date. However, the person in charge told inspectors she was in the process of establishing such systems.

**Judgment:**

Non Compliant - Major

***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:**

There was a newly appointed person in charge of the designated centre. She had commenced full time in the post on 09 February 2015. Inspectors noted she had the required qualifications and experienced necessary to manage the centre including the minimum of three years experience in the area of nursing of the older person within the previous six years.

The person in charge had sufficient clinical knowledge and adequate knowledge of the legislation and her statutory responsibilities.

to be engaged in the governance, operational management and administration of the centre.

Residents and staff knew and could identify her although she had just commenced in the post.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Not all aspects of this outcome were reviewed during this inspection. A sample of nine staff files were reviewed to follow up on the action plan from the centre's last inspection.

The inspectors were informed that a detailed audit was taking place to reorganise all staff files and ensure that they were in compliance with regulations. This was seen to be the case on the day of inspection. All staff files reviewed met the regulatory requirements outlined in Schedule 2.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed during this inspection. As stated in outcome 5, inspectors reviewed nine staff files.

Inspectors found that all safeguarding issues identified in the last inspection had been addressed. All staff files reviewed had garda vetting in place or had provided proof that garda vetting had been submitted.

The time frame the centre provided following the last inspection to have garda vetting for all staff in place was by 28 February 2014. The centre was still within this time frame and provided the inspectors with proof that this process was underway.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

All aspects of this outcome were not reviewed during this inspection. Inspectors noted that the issue of hot water reaching above 43 degrees centigrade, as identified in the last inspection had been rectified.

All of the taps within the centre had been fitted with a thermostatic control valve. However, according to the centre's action plan monthly audits on these water



temperatures were due to have begun by 4 January 2015 but there were no records in the centre to confirm this. Records of random water temperature checks were available, with the first and only recorded check dated the 16 February 2015.

The inspectors observed that two fire exits were blocked with furniture on the day of the inspection. One exit in the Nightingale unit was blocked by four chairs and the other door in the Starling unit was blocked by a table. This posed a risk to residents if there was a need to evacuate the premises.

There was a lack of infection control methods in the Starling Unit. Inspectors noted that none of the wash hand basins in the newly renovated wing of the unit had soap dispensers or hand drying facilities installed. This greatly increased the risk of spreading infection.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Inspectors reviewed the records of all accidents and incidents which occurred in the centre since the last inspection. The records were detailed and the newly appointed person in charge had developed a system of trending the different types of accidents/incidents occurring and taking appropriate actions to address any increasing risks.

There had been no notifiable events since the last inspection.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing***

***needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

Inspectors met with an occupational therapist who confirmed she worked full time. She stated she mainly worked with residents' on the Kingfisher unit and only saw residents on other units when they were referred by nursing staff.

A full time clinical psychologist was no longer available in the centre. Inspectors were informed that residents' were referred to a clinical psychologist if required.

**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:**

The premises met the needs of the residents with the exception of the high dependency unit (Starling Unit) however, the inspectors observed that progress was being made in this unit towards meeting the needs of residents. The inspectors observed that one of six-bedded bays had been converted into four single rooms and a double room. The inspectors were shown plans for the conversion of the other bays in this unit. They were to follow a similar layout but would be converted into three single rooms and a double room. A second bay was seen to be in the process of being converted on the day of inspection.

The dining room in the Cormorant Unit was also observed to be under renovation. Mealtime was observed here and the renovation was deemed not to be negatively affecting the residents' needs.

Inspectors reviewed the service records of all equipment being used in the centre and all equipment had been serviced in January 2015. Inspectors observed that most of the equipment in the centre had service stickers to confirm the service however, two shower trolleys on the kingfisher unit did not have service stickers. One of these shower trolleys was also in a state of disrepair. The paint on the side rails of the trolley was peeling and rusted. The inspectors noted the trolley was wet so had been recently used. This issue was also noted in the equipment service records and the engineer had recommended rail coverings for the side rails of the trolley.

All taps in the centre had been fitted with thermostatic control valves since the last inspection. The inspectors tested the water temperature of a number of taps and found that they all were less than 43 degrees centigrade.

**Judgment:**

Substantially Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Not all aspects of this outcome were reviewed during this inspection. Inspectors found that the choice of menu on display in the dining was not reflective of what was being offered to residents.

The inspectors observed that there was an option of two meal choices for residents at mealtimes and the menu was displayed on a notice board in most of the units. However, inspectors noted that there was no menu on display in the Cormorant unit and only one option was on display for lunch in the Nightingale unit.

The inspectors also noted that there was some confusion with staff as to who was responsible for putting up the daily menu. Staff in the Kingfisher unit informed the inspectors that it was the duty of the night staff to change menu for each day however, the incorrect menu was originally on display in the Kingfisher unit and this had to be changed by the day staff.

**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:**

The staffing numbers and skill mix was adequate to meet the needs of residents'. Some issues identified on the last inspection had been addressed however, a number remained outstanding.

Inspectors spoke to care staff, clinical nurse managers, staff nurses and health care assistants. They all confirmed that communication had improved between the management team and staff. They spoke positively about the newly appointed person in charge, her approachable nature reflected in her open door policy.

Inspectors found that the staff roster was now well managed. The skill mix of staff allocated to work on each unit was now determined by the clinical nurse manager on the unit. Interns were no longer working unsupervised and there was no evidence that they were covering other staffs leave. The skill mix of staff now remained consistent on all five units seven days per week.

Outgoing staff were now being invited to attend exit interviews. Inspectors were told that the management team were going to attend training on the completion of staff performance/personal development and then these would be rolled out by the management team. This action plan was due for completion in March 2015.

**Judgment:**

Non Compliant - Moderate

## **Closing the Visit**

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

### **Acknowledgements**

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

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

Sheila McKeivitt  
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>	Hamilton Park Care Facility
<b>Centre ID:</b>	OSV-0000139
<b>Date of inspection:</b>	17/02/2015
<b>Date of response:</b>	26/03/2015

**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 01: Statement of Purpose**

**Theme:**

Governance, Leadership and Management

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

The statement of purpose did not include all the information outlined in schedule 1.

**Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

<sup>1</sup> 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:**

- Each departmental manager now reports to the person in charge who then reports to the registered provider (Completed). Organisation Structure approved on 19/03/2015.
- Statement of purpose has been updated to reflect the organisational structure (for approval 27th March 2015)
- The updated Organisational Structure shall be communicated to staff at morning meetings, via the weekly CNM Meetings, via the Services Team Meeting, and Multidisciplinary Care Team Meeting. The Organisational Structure and Statement of Purpose shall be displayed on the staff notice board.

**Proposed Timescale:** 27/03/2015

**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:**

There was no annual review of the quality and safety of care delivered to 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:**

1. As of January 2015, a plan is in place to carry out reviews monthly on the various aspects of quality and safety of care. We have commenced reviews as follows:

- Hand Hygiene and Infection Control [Audit] (January)
- Health and Safety [Audit] (February)
- Staff File Review against the Regulations [Audit] (January and February)
- Review of Care Plans [Audit] (March)
- Review of Medication Management [Audit] (February).
- Governance and Management Review (March – outcome updated organisational structure)

2. Audits Reports are maintained by the Director of Care.

3. There is a plan in place to continue reviewing all elements of the service over the coming 6 months and after this, on a continual and ongoing basis, to include:

- Risk Management Processes including Risk Assessments across the building and services provided, Incident Reporting and Complaints Management.
- Restrictive Procedures

- Assessment and Care Planning
- Management of Dementia
- Emergency Procedures
- Environment and Facilities including equipment
- Finances and Accounts Management
- Catering, Food and Nutrition
- Behaviour that challenges
- Resident Rights and Quality of Life
- Ongoing Hygiene and Infection control review
- Ongoing Medication Management review
- Ongoing Governance and Management Review
- Ongoing Staff File Review, and Staff Performance Management and Appraisal

**Proposed Timescale:** 30/09/2015

### **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:**

There are no records of monthly water temperature audits that were due to have begun on 4 January 2015.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

1. There is now a daily audit of water temperatures (a sample of 10% of resident taps). These are documented as of 16th February.

**Proposed Timescale:** 16/02/2015

**Theme:**

Safe care and support



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

There were no soap dispensers or hand drying facilities above wash hand basins in the newly renovated wing of Starling Unit.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

As of 13th March 2015, all new rooms in the HDU Starling unit now have soap dispensers and hand towel dispensers in place.

**Proposed Timescale:** 13/03/2015

**Theme:**

Safe care and support

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

Two fire exits in the centre were blocked by furniture,

**Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Daily checks of fire exits take place to ensure that no fire exits are blocked (Facilities Manager carries out checks and reports results to Director of Care). The checks commenced are documented daily.

**Proposed Timescale:** 26/03/2015

**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:**

A shower trolley was in a poor state of repair.

**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:**

1. Two new shower beds were bought for use in place of the highlighted trolley, and have service stickers in place (January 2015).
2. The current shower trolley has been sent for repair. We are expecting it to be repaired and returned by the 31st March.

**Proposed Timescale:** 31/03/2015

**Outcome 15: Food and Nutrition****Theme:**

Person-centred care and support

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

The choice food that was on offer to the residents was not correctly displayed in two units and thus limited communication of options to residents.

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

1. A new system has been put in place for display of meals in each unit (11th March 2015). New photos have been taken and printed for each meal.
2. The activities person in each has been made responsible for the meal display daily.
3. The Director of Care is checking on a daily basis that all units display the choice of food on offer, which is correct to the photographs.
4. Staff have been educated to be aware of the necessity of the picture displays to correspond to meals available on that day.

**Proposed Timescale:** 11/03/2015

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

Permanent staff did not have performance or personal development meetings completed with their line manager on a regular consistent basis.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

1. All Staff will be given an appraisal form by 27th March 2015 if not already completed.
2. CNMs have received training on completing staff appraisals and performance management (20th February 2015).
3. Appraisals for all staff shall be completed by end May 2015.

**Proposed Timescale:** 30/05/2015