

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clarenbridge Nursing Home
Centre ID:	OSV-0000764
Centre address:	Ballygarriff, Craughwell, Galway.
Telephone number:	091 77 7700
Email address:	info@clarenbridgenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Village Nursing Home Limited
Provider Nominee:	Frances Neilan
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	9

About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 July 2017 10:30	11 July 2017 19:30
12 July 2017 09:00	12 July 2017 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. The inspector followed the journey of residents with dementia and looked at aspects such as medical care, nutrition, wound care and falls prevention in relation to other residents. Nine of the 47 residents living in the centre had a diagnosis of dementia and others had some aspect of cognitive impairment. The person in charge had completed a self assessment on dementia and had judged the centre was either in compliance or substantially in compliance with all outcomes. The inspectors findings concurred with this judgment.

Clarenbridge nursing home is a purpose-built two storey building located a short drive from the village of Clarenbridge in Galway. It can accommodate 56 residents and has a specialised unit for Acquired Brain and Spinal injury. It is a bright comfortable building and there are a range of communal rooms available. The

environment was safe with ample corridors for residents with dementia who liked to walk. There was signage provided to help guide residents around the building which is laid out in 5 units, 4 on the ground floor and 1 on the 1st floor called 'Treetops' which accommodates six residents. This area was accessible by stairs and lift.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in a sitting room and dining room. The inspector observed staff interacting with residents in a positive and caring manner. The person in charge and her staff had also completed a dementia audit which used the same tool to monitor staff interactions with residents. As a result some actions had been taken to improve the quality of life for residents with dementia, for example, efforts had been made to reduce the noise level in the dining room at meal times.

The inspector found that residents' healthcare and nursing needs were met to a high standard. Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including physiotherapy, dietetics, speech and language therapy, psychiatry, dental, chiropody and occupational therapy. The nutritional and hydration needs of residents with dementia were found to be met.

There was a schedule of activities arranged each day to engage residents which included one to one activities for those unable to take part in group activities. Two staff members worked with the occupational therapist to facilitate the activities schedule and ensure it was tailored to meet the needs of residents. The centre had a dog that lived in the centre and was enjoyed by the residents and staff. Residents were encouraged to engage with their local community and several residents went on outings and trips and attended social and family events.

There was a proactive approach to the management of responsive behaviours associated with dementia and a restraint free environment was promoted. Residents said they felt safe and staff had completed training on safeguarding and on dementia to help them to understand residents needs.

Residents could retain their own General Practitioner (GP) and pharmacist if they chose to and their medication was regularly reviewed by both the GP and the pharmacy. Some improvements were identified in relation to medication administration practice.

End of life care wishes were recorded and residents were supported by their GP and the community palliative care team.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to assessments and care planning, access to healthcare, maintenance of records and policies available governing practice. The social care of residents with dementia is reported in Outcome 3.

The self assessment tool (SAT) completed on behalf of the provider was rated substantially compliant in this outcome with improvements identified in relation to information on nutritional preferences been included in hospital transfer documentation and additional training in areas such medication for use in dementia related conditions.

The inspector focused on the experience of the nine residents with dementia and tracked their journey prior from admission through to end of life planning. Residents' medication, diet and nutrition, pressure area care, mobility, access to General Practitioners and to allied support services were also reviewed during the inspection. The inspector found evidence that there were appropriate arrangements in place to meet the needs of residents with dementia.

Prospective residents and/or their families were facilitated to visit the centre prior to admission in order to decide whether or not the centre was suitable for their needs. The person in charge or the clinical nurse manager also visited prospective residents in hospital prior to admission to carry out a pre-admission assessment to ensure that the service could adequately meet the needs of the resident. A copy of the preadmission assessment was available for the residents reviewed. The inspector saw that a comprehensive assessment of all of the residents activities of daily living was completed. Care plans were maintained on an electronic data basis and the inspector saw that these were developed within 48 hours of admission. There was evidence that the resident and their family, where appropriate were involved in the care planning process.

A range of clinical risk assessment tools were used to assess and monitor clinical risks such as the risk of falls, malnutrition and the risk of pressure ulcer development. Care plans were developed to address any problems or where a risk was identified. None of the current resident had a pressure ulcer. The inspector saw that preventative measures

such as pressure relieving mattresses and cushions and regular turns were evident to prevent the skin from breaking down.

The inspectors reviewed a sample of 4 care plans in detail and aspects of an additional two care plans. The residents medical records, medication administration records and records of social activities were also reviewed. Each resident's care plan was kept under formal review on a three monthly basis and as necessary where the residents' care needs changed. Some care plans combined several care needs. For example, the care plan for a safe environment included the interventions for nutrition. On review the inspector found that this could lead to confusion where there were several interventions required to meet the residents care needs.

Most residents were under the care of two General Practitioners (GPs) who each provided an out of hours on call service. Some residents had chosen to retain their own GP and this was facilitated. Residents also had access to the psychiatry of later life services and the community mental health team as required. One resident was under the care of the community palliative care services on the day of the inspection. The inspector saw that an end of life care plan was available which included the residents physical, emotional and spiritual wishes.

The inspector reviewed the transfer correspondence of residents who had recently returned from hospital and found they contained appropriate information about the resident. Where the resident had dementia, the stage of their dementia was included on the transfer letter as well as details of any clinical risks such as swallowing or communication difficulties.

Allied healthcare professionals including physiotherapy, dietetics, speech and language therapy, occupational therapy, tissue viability and chiropody services were all available on site. A physiotherapist was employed who completed manual handling and mobility assessments for each resident and assisted residents with passive exercises. He also coordinated a mobility initiative called walk and dine which aimed to help residents to retain and enhance their mobility. The inspector saw that the care plans had been updated to reflect any recommendations by allied health professionals

There were policies and procedures to guide practice in relation to the management of nutrition and hydration and the inspector saw that residents were appropriately monitored to ensure they did not experience poor nutrition or hydration. Breakfast was served from 8am onwards and residents could have their breakfast in bed or come to the dining room where a buffet style breakfast bar was available which had a choice of cereals, juices, breads, fruit, nuts and seeds. Residents who spoke with the inspector said they if they wanted to sleep later they could do so and have their breakfast at a later time.

Drinking water fountains were provided throughout the centre and drinks were provided to residents throughout the day. Snacks were served between meals and in the evening. Residents were assessed on admission for the risk of malnutrition and at regular intervals thereafter. Weights were recorded monthly and three residents who had experienced unplanned weight loss were weighed once a week.. There was

appropriate communication between the nursing and catering staff to ensure that those with special dietary requirements, received the prescribed diet. The inspector saw that residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Residents identified as having weight loss were assessed by a dietician and the advice had been recorded in the care plan and appropriately communicated to catering staff. In discussion with the head chef, the inspector heard that suggestions from residents were incorporated into the menu and in addition to traditional favourites she tried to incorporate Indian and Italian dishes favoured by some younger residents.

Medications were supplied by a local pharmacy in blister packets. The person in charge stated that residents could choose to retain the services of their own pharmacy. The nurses checked all medication against the prescriptions when delivered to ensure they were correct. A copy of the residents original prescription was available and this was transcribed by the pharmacy onto a medication prescription and administration record. The inspector reviewed a sample of prescriptions and medication administration records and these were signed by the GP and by two nurses. There were management systems in place to ensure that all medication was regularly reviewed by both the GP and the pharmacy and changes were made where issues of concern were noted, for example one residents medication was changed as it was causing the resident to become too drowsy.

Some non compliances with medication practice were identified on the previous inspection and the inspector followed up on these actions which had been addressed. A new medication administration system had been introduced to reduce the risk of errors. However, on review of a sample of records, the inspector identified another medication recording error. The medication administration record of a resident who was prescribed medication to prevent seizures twice a day was only signed to indicate it was administered once a day for a period of a month. In discussion with the nurse the inspector was told that the medication had been administered as it was not in the blister pack however there was no record in the administration record of this.

This outcome was judged to be substantially compliant in the self assessment, and the inspector also judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:

There were measures in place to protect residents from being harmed or suffering abuse. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. The person in charge had completed trainer training and delivered the training to staff. She told the inspector that training was referenced the reporting procedures in the Health Services Executive national policy for safeguarding vulnerable persons at risk of abuse policy. All staff had up-to-date training in prevention, detection and response to abuse and those spoken with during the inspection said they would not tolerate any form of abuse and they were clear on the reporting procedure.

The inspector reviewed an allegation of abuse by a staff member which had been investigated by the person in charge. The incident was investigated in accordance with the centres policy on safeguarding and appropriate action had been taken to safeguard residents.

There was an up-to-date policy to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services.

The staff spoken with were knowledgeable regarding the residents with responsive behaviours and could tell the inspector how they would reassure the resident in the event of an escalation in responsive behaviour. A review of training records indicated that most staff had received training on dementia and managing responsive behaviours. On review the inspector saw that those who had not completed the training were currently on long-term leave from the centre. The inspector reviewed a sample of care files for residents who had responsive behaviours associated with their dementia. In one care plan reviewed there were clear proactive and reactive interventions identified to guide staff and make them aware of behaviours that were likely to occur, the triggers to the behaviours and how to avoid an escalation. There was also guidance on how to respond when the resident became agitated.

There was a policy available on the management of restraint which was based on the national policy. There was no environmental or chemical restraint in use. One resident had a bedrail in place at night and two residents required lap belts to assist with positioning/ stability belt. The inspector saw that a risk assessment was completed prior to implementing these measures and alternatives trialled beforehand were also documented. Consent had been obtained and in those reviewed the enabling function was clearly recorded. Regular bedrail safety checks were in place and the inspector saw that these were consistently recorded.

The inspector saw that residents were provided with a lockable space in their bedrooms to facilitate them to independently store personal possessions securely if they wished. The provider acted as an agent for 5 residents. These residents' pensions were paid directly into the centres bank account. There were individual statements available for each resident which clearly indicated all transactions. Copies of the appropriate social welfare forms were available which give the provider permission to act as an agent.

However, the current arrangement does not afford the resident the maximum protection as residents monies were kept in the providers' bank account rather than in individual accounts which accrued interest. The inspector spoke with the provider during the inspection by phone who agreed to get advice and make appropriate arrangements.

The person in charge stated that all of the staff were Garda vetted before they commenced work. The inspector reviewed a sample of staff files which had all of the documents required under schedule 2 of the regulations and included a copy of the garda vetting clearance document.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents, including those with dementia, were consulted with and participated in the organisation of the centre on a day-to-day basis. The privacy, dignity and rights of residents were promoted, and residents were supported to participate in meaningful activities in line with their interests, preferences and capabilities.

Arrangements were in place to promote residents' privacy and dignity. Staff were observed knocking on residents' bedroom doors prior to entering and spoke to residents discretely when offering to assist them to the bathroom.

The inspector observed the quality of interactions between staff and residents in the sitting room and the dining room over four periods during the two days of the inspection day of the inspection. The observations took place in the main sitting room, in the dining room and outside where residents were seated. A validated observational tool was used to record observations which categorised the quality of interactions between staff and residents. All four-observation periods showed a high rate of positive connective care.

Two care staff coordinated a schedule of activities for residents and there was also input from the IWAA (Irish Wheelchair Association) who took some residents out for day trips.

A new Boccia court had been recently created and several residents told the inspector they enjoyed either playing or watching the game which is similar to bowls and is designed to be played by people with disabilities. The inspector observed a game on the first day of the inspection and observed that residents engaged in a meaningful way

during the game. Several other residents sat on the sidelines and watched the game. The centre had its own dog which gave the centre a very home like atmosphere and had a therapeutic affect on residents. A hairdressing room was located in the centre, where a hairdresser attended on a weekly basis. Some of the female residents said they also enjoyed having their nails painted.

The social care coordinator had developed a programme of activities for residents and this was supported by another staff member. A list of social and recreational events for the week was displayed at reception which included music sessions, painting, passive exercise classes, quizzes/ word searches and gardening. There were organised trips from the centre to local amenities and a theatre group had recently visited. A large polytunnel was available at the back of the centre and some residents said they enjoyed really enjoyed growing and looking after the vegetables, herbs and flowers planted.

Two staff had completed training in Sonas (a therapeutic group activity for residents with dementia) and a weekly Sonas session was organised. Individual one to one activities were also organised for residents with dementia or cognitive impairment who could not participate in the group activities and included sensory stimulation such as providing hand massages and reminiscence. The social care coordinator told the inspector she got to know residents better through the social care assessments and life history completed and she said she used this information to help her to devise activities for residents. A recorded of the one to one and group activities organised was completed daily. One resident with dementia who loved cats had been provided with a life like toy cat which simulated a breathing movement and the inspector saw that this had a therapeutic affect on the resident.

The person in charge confirmed that all residents were facilitated to vote. Mass was said monthly in the centre and a small oratory was available for residents who wanted a quiet space to reflect. Newspapers, televisions, radios and internet access were available. A phone was available for residents to make or receive phone calls in private. A large screen television was provided in the main sitting room and there were televisions in resident' bedrooms.

There were arrangements in place to support residents to meet with visitors either in private or in one of the sitting rooms available. The inspector saw that residents were supported to make choices and to be independent. Residents told the inspector that they got up and went to bed when they chose. Some residents said they went out regularly for lunch or to meet family. The inspector heard residents asking staff to keep their meal until later and this was facilitated.

There was an established resident's forum and a family forum which met every six months. Minutes of these meetings were made available and it was evident that residents' input was sought on the organisation of the centre.

A staff member who was also the parent of a resident acted as an advocate for residents. An independent advocacy service was also available to residents. Inspectors were informed that no residents were being supported by an advocate at the time of the inspection.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:

The inspector found that there was an appropriate procedure in place for the management of complaints. A complaints policy was available and a summary of the procedure was displayed in the main foyer of the centre in an accessible format. The complaints policy clearly identified the personnel responsible for investigating complaints and included details of an independent appeals process. Contact details for the office of the ombudsman and the confidential recipient were also included in the policy and the complaint form prompted staff to provide these details to the complainant.

A log of all complaints was maintained. The inspector reviewed the log and saw that the response by management was prompt and the satisfaction of the complainant was recorded. There was also a section on the form which was signed by the person in charge who reviewed all complaints.

The person in charge stated that she also contacts complainants after the complaint was resolved to ensure they were satisfied with the process and she planned to enhance this function in the coming year with quality improvement initiatives.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

The inspector found that the numbers and skill-mix of staff was appropriate to the

assessed needs of residents and the size and layout of the centre on the day of inspection. The inspector spoke with several six staff members and found that they were knowledgeable about residents' individual needs. There were procedures in place for supervision of residents in all communal areas.

A planned and actual staff roster was available and the inspector saw that the staff on duty on the day of inspection reflected the staff roster. The person in charge described various pressure points during the day such as meal times, when all staff were required to assist. During the inspection residents were observed relaxing in the main sitting room and in the secure garden at the rear of the centre. Adequate staff were available to supervise residents. During the evening meal the inspector saw that there were appropriate staffing levels to ensure residents were assisted with their meal.

As discussed under outcome 2, the inspector reviewed a sample of four staff files and found that the required documentation was in place as required by the regulations. The inspector observed that An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff were in place in the staff files that were viewed.

One staff member had recently commenced employment and the inspector saw that there was an induction and supervision process in place. Staff members spoken with confirmed they attended regular staff meetings.

The person in charge had completed a Train the Trainer course and provided training to staff in some clinical areas. A training matrix maintained electronically evidenced that an on-going a training schedule was in place to provide staff with the knowledge and skills relevant to the needs of the residents and the inspector saw that this covered dementia care and managing responsive behaviours.

All staff had up to date mandatory training in fire safety, protection of vulnerable adults and manual handling. Additional training and education had been provided in areas such acquired dementia care and the management of responsive behaviours, venepuncture, acquired brain injury, diabetes, and tissue viability and infection control.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was designed to meet the needs of the residents. Residents and provides a

bright, spacious and comfortable environment. The inspector found that it was well maintained and decorated to a high standard. There are 32 single bedrooms and 14 shared bedrooms provided. Twenty-four bedrooms had ensuite bathroom facilities and the remaining bedrooms had accessible bathroom facilities close by. The centre is designed around a central enclosed courtyard which is directly accessible from some bedrooms. This area provided a pleasant outlook for residents and included features such as a central planted area and bird feeders to provide added interest. The paved surface however was uneven in areas which restricted access to those who were mobile and meant that this area could only be used under supervision. An additional large enclosed garden was available at the rear of the centre. This was in use on the day of the inspection and several residents were observed sitting out enjoying the sunshine on the garden furniture provided or using the new bocchia court recently added.

Bedrooms were spacious and were personalised to reflect the residents taste. Call bells were in easy reach of residents however, the inspector observed that the alarm call bell had a loud shrill tone which was intrusive or may be distressing or disorientating for a person with dementia.

There was a good choice of communal areas available for use by residents which meant that residents with dementia could spend time when necessary in a quite area with less stimuli. In addition to the main sitting room and dining room there was an additional large communal room available which had facilities for making tea and coffee and had juices available. Other facilities included a hairdressers, a treatment room, a smoking room and an oratory. Handrails were available in all circulation areas throughout the building, and grab rails were present in all toilets and bathrooms. The residents spoken with confirmed that they felt comfortable in the centre.

There was good signage provided throughout the centre with picture references directing residents to the dining room and bathrooms. Bedrooms and communal areas had clocks and calendars to help orientate residents. Some additional improvements would benefit residents with dementia such as use of contrasting colours and memorabilia to create visual cues and make the environment easier to navigate.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
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:	Clarenbridge Nursing Home
Centre ID:	OSV-0000764
Date of inspection:	11/07/2017 and 12/07/2017
Date of response:	17/08/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans combined several care needs which could lead to confusion where there were several interventions required to meet the residents

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

All care plans have been reviewed and updated to incorporate relevant resident care needs in separate care plans.

Proposed Timescale: 22/08/2017

Theme:

Safe care and support

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

The medication administration record of a resident who was prescribed medication to prevent seizures twice a day was only signed to indicate it was administered once a day for a period of a month.

2. 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:

The nurse manager has reviewed the monitoring tool for all medication charts and this is currently being implemented with all medication charts checked at the beginning and end of each shift to ensure no errors exist.

Proposed Timescale: 22/08/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The current arrangement for managing the finances of residents for whom the provider acted as an agent does not afford the resident the maximum protection as residents monies were kept in the providers' bank account rather than in individual accounts.

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

A fiduciary account is currently being established with the Bank of Ireland for resident's

finances and this will be completed by 28th September.

Proposed Timescale: 28/09/2017