


STATUTORY REQUIREMENTS

No.	Standard	Regulation	Action being taken to address requirements	Timescale for action
1	OP1	5(1)(2) (2)(a)	A copy of the Service Users' Guide is being sent to the relatives who have not received one. Copies are to be placed in a "wall rack" in Downs Cottage hallway. Next to this is another "wall rack" containing a copy of the <i>latest</i> Inspection Report, currently the 2 nd December 2004. The original is kept in my office.	Completed
2	OP1	6(a)	The Statement of Purpose and service Users' Guide have been updated. I consider it <u>excessive</u> to ask that the Service Users' Guides contain a copy of the latest Inspection Report. This document is now available and accessible in the home, available on the CSCI website for reading, downloading and subsequent printing, if required, by phone from the CSCI and in main Public Libraries. The latest Inspection Report is 39 pages long including front and back covers.	Completed
3	OP3	14(1), 17(1)(a) Schedule 1 (a)	Records of pre-admission assessments will now be used and available for use following new admissions.	Completed
4	OP4	12(1)(a), 13(4)(c) 14(2)(a)	We have reviewed the needs and suitability of provision for seating for the individual discussed. We have had a meeting with the relative and agree that this seating adequate at the moment. This continues to be reviewed.	Completed
5	OP7	15(1)(2) (c)	We will continue to try to involve the residents' relatives, where practicable and appropriate, in the care planning process. We have started this in care plans that you did not choose in your random selection.	Ongoing
6	OP8	12(1)(a), 13(4)(c)	We have examined our tissue viability assessments. Reviews are now carried out on a more regular basis by the key workers.	Completed
7	OP8	13(3)	Over the 20 years of running Downs Cottage this issue has been a difficult one to combat. We have continuously reminded nurses and care assistants to use only toiletries that belong to a resident for THAT particular resident. Often our toiletries, e.g. Bubble Baths are in large containers and get used	Completed

			<p>for more than one person. The majority of residents' bubble bath and shampoos are bought by the home in bulk out of their personal allowances.</p> <p>Notwithstanding this we are marking all toiletries with the resident's name and have again told staff to use appropriately. Toothbrushes for residents accommodated in shared rooms have been labelled with their name.</p>	
9	OP15	12(1)(a), 13(4)(a) (c) 16(2)(g)	<p>We have carried out a review of our food safety and are now providing "blue" aprons for care staff involved in serving food and assisting residents with meals.</p> <p>It is always our practice to cover stored food in the refrigerator; on the day you inspected the cook did not do this. She has been counselled and warned about this lapse in her usually good practice. This also applies to the cluttered appearance of shelves you alluded to on page 15.</p>	Completed
10	OP27	18(1)(a)	<p>Staffing levels are constantly under review. When resident needs demand we bring in extra staff; especially during the early morning and at the end of the afternoon shift.</p> <p>I have been studying the comments from visitors' feedback cards you cited on page 21. The subjective comment about staff being "very busy" probably means that they are "very busy;" it does not mean that they are overworked or over stretched in any way. Visitors' expectations of the amount of attention they deserve when visiting varies; my staff's first priority is the care of residents, especially at meal times and other times of the working day.</p> <p>We have some visitors who come in to help with assisting with meals for their relative; which we both appreciate and encourage. The practice of allowing more than one visitor per resident coming at meal times is to be reviewed.</p>	Ongoing

11	OP38 OP19	10(1), 12(1), 13(4)(a) (b)(c), 14((2)(a), 18(2)(a), 23(1)(a)	All these items were risk assessed and the findings sent to the CSCI. The matters have been addressed as per my letter and email, your acceptance letter of 21 st October 2005 and my confirmation letter of 25 th October 2005.	Completed
12	OP38 OP20	10(1), 12(1)(a), 13(4)(a) (c), 23(2) (e)(g)(h) (i)(l)	<p>The small lounge has had all equipment which is potentially unsafe and detracts from the character and purpose of the room removed.</p> <p>The electric kettles were there for capable residents and / or their relatives to make hot drinks during visiting; they were accepted at previous inspections. They have also been removed.</p>	Completed
13	OP38 OP26	10(i), 16(2)(k)	<p>This issue has reared itself on numerous occasions in the past 10 years or so. I have consulted with Environmental Health Officers in the past and it is acceptable storage.</p> <p>The storage is within a locked and secure facility on my land. There is no access or egress for animals or rodents. This compound has high walls with barbed wire placed on top. There is no access to the general public as the front gate key is held by Downs Cottage and the Clinical waste collector PHS All Clear.</p> <p>It is covered from the rain and is in a brick structure on a raised floor. Previous CSCI and Health Authority inspections and EHO inspections were happy with this arrangement, as am I.</p>	Completed

			 <p>The yellow bags are NOT stacked on the ground underneath the kitchen window. The window is over two meters away from the edge of the yellow bags. The kitchen window is “sealed fire glass” as it is above the bottom step of the fire escape; as per fire regulations. The kitchen has adequate artificial ventilation.</p>	
14	OP30 OP31	18(1)(a) (c)(i)	<p>Staff updates in moving and handling have been arranged.</p> <p>Wound care refresher training has also been arranged.</p>	Completed
15	OP31	10(1)	We have reviewed management hours.	Completed
16	OP31	10(1), 37(1)(2)	We have told staff that they must ensure that all events subject to statutory notification are reported on the relevant form to the CSCI. There is a special form for this.	Completed
17	OP37	17(1)	Management hours are now maintained up to date on the duty rota. There are also management hours which are not noted, for example, unannounced visits to Downs Cottage, and work done in our own home.	Completed
18	OP37	17(1)(a)	Please clarify and advise how the accident records should be stored.	13.12.05

RECOMMENDATIONS

No.	Refer to Standard	Action being taken to address recommendations	Comments
1	OP15	Pallets have now been placed on the floor of the potato store, and the door made more secure.	Completed
2	OP18	The February 2005 Multi-agency Adult Protection Procedures, all 97 pages, has been downloaded and printed; this is now located in the nurses office.	Completed
3	OP24	All bedrooms which are now without safety locks will be fitted with them. A rolling programme has been instituted for the provision of lockable storage space in each resident's bedroom.	Ongoing
4	OP38	We went to some considerable expense subsequent to a previous inspection to install the magnetic door maintainers to be used on the Inspectors requirements; however, I believe I have dealt with this, op cit.	Completed
5	OP38	There has not been an accident with these doors for the past 20 years. Notwithstanding this a potential hazard exists. We are considering your recommendation to reduce any likely risk.	Ongoing
6	OP38	The sluice room door now has a double handle fitted to reduce the potential hazard of residents entering.	Completed
7	OP38	The jug in question is now locked away. New jugs have been purchased and marked for specific uses.	Completed