

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Anne's Nursing Home
Centre ID:	OSV-0000169
Centre address:	Clones Road, Ballybay, Monaghan.
Telephone number:	042 974 1141
Email address:	olshballybay@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Anne's Convalescent Home Ltd
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	0

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 March 2019 10:00	11 March 2019 18:30
12 March 2019 09:30	12 March 2019 17:30

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	Compliance demonstrated	Non-Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Non-Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non-Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non-Compliant - Moderate

Summary of findings from this inspection

The methodology included gathering the views of residents relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

In addition, a self-assessment form was completed by the registered provider representative (RPR) in preparation for this inspection which identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above.

Some of the improvements highlighted by management included creating an

environment suitable for residents, increasing consultation with residents, introducing an activity assessment tool and staff training in relation to dementia care incorporating Focused Intervention Training and Support (FITS). The matters identified were in progress. A number of staff members were participating in dementia training during the second day of the inspection and the proprietor was progressing the refurbishment of the laundry facilities and highlighted to the inspector the future plans to refurbish the premises.

This is the first inspection for this centre by the current RPR. The person in charge has implemented a 'culture change programme' in order to promote a person centred approach to the delivery of care. This was ongoing at the time of the inspection.

The health and social care needs of residents were met but the documentation did not support this judgment. End of life care was of a good standard. Management introduced the Meitheal programme developed with the specialist palliative care team with a view to providing education and support for all members of staff when they are caring for people at the end stage of life. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet residents' needs. Medication management was satisfactory and the nutritional needs of residents were met.

Although there were policies and procedures in place to safeguarding residents from abuse a staff member who did not have Garda vetting was rostered to work in the centre. Management assured the inspector that the staff member would not work in the designated centre until satisfactory clearance was received. Staff were knowledgeable about the action to take if they witnessed, suspected or were informed of any abuse taking place.

While there were some individual and group activities offered to residents, overall, opportunities for all residents to participate in activities in accordance with their interests and capacities had not been provided.

Policies and practices around managing responsive and psychological behaviours were satisfactory. The use of restraint was not in accordance with the national guidance. Documentation in relation to complaints made required to be revised in order to comply with the regulation.

Staff numbers were sufficient to meet the needs of residents and staff had opportunities to participate in training, appropriate to their role and responsibilities. The staff team were welcoming and meaningful interactions with residents were observed by the inspector.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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):

This was the centre's first inspection by the Authority.

Findings:

At the time of the inspection 31 residents were being accommodated. Twelve residents were assessed as having high to maximum needs (11 maximum and 2 high), 11 residents had medium dependency and seven residents were low dependency. Residents were admitted to the centre for long term and short-term care, including periods of respite/convalescence care.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of nursing and medical care.

An assessment of residents' health and social care needs was undertaken prior to admission. On or following admission various risks such as falls, impaired skin integrity and malnutrition were assessed. In addition an assessment tool had been introduced to assess the occupational profiling of residents who are cognitively impaired entitled 'Pool Activity Level' (PAL). The purpose of the tool is to assess residents in four main areas, planned, exploratory, sensory and reflex. In relation to group work skills it would provide staff with information regarding the level of engagement with others. However the inspector found that this had not yet been sufficiently developed to impact on residents' lives.

The inspector saw that when a resident was admitted, transferred or discharged to or from the centre appropriate information was readily available and shared between services. A communication passport, completed in the first person was available providing detailed information about residents' specific needs and their likes and dislikes.

A new format of recording residents' care plans had been introduced. This included physical, social, psychological and spiritual domains in order to achieve a more person centred approach. The majority of care plans were personalised and included a detailed profile of each resident, their life story as well as their medical, nursing and social care needs based on assessments.

In the care planning documentation the inspector noted that care plans had not been devised for two residents, daily notes did not reflect residents' social, psychological and spiritual well-being therefore did not provide staff with sufficient up to date information to deliver care. The lack of this information may also negatively impact on the care planning review process.

Some care plans were not reviewed as per the regulations for example when there was a change in the residents' circumstances.

The assessments and care plan for a newly admitted resident had not been devised to guide staff in the delivery of care.

There was no evidence of formal arrangement for the involvement of family and relatives in the care planning process but this may have been because the process was in its early stages.

The inspector found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments and could avail of the national screening programmes relevant to them. Several allied health professional services were available in the centre such as occupational and physiotherapy, dietetics, wound care and speech and language therapy.

Staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residents' individual needs and preferences. This viewpoint was confirmed by relatives.

Medication practices were reviewed and found to be of a good standard. The inspector saw evidence of medicine reviews completed by the pharmacist and GPs. There were two drug trolleys in the centre and medication was supplied in plastic containers prepared by the pharmacist. When supplied, these were checked against the prescription to ensure they were correct. Unused and out of date medicines were returned to the pharmacy. Photographic identification was available on each drug chart to ensure the correct identity of the resident receiving medication and reduce the risk of error. The prescription sheets reviewed were clear but the medicines to be 'crushed' were not individually prescribed. All as required medication (PRN) had a maximum dosage in 24 hours indicated. Medicine administration times were stated.

Residents' weights were recorded on a monthly basis and more regularly when clinical needs indicated. Nutritional assessments and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Throughout the inspection residents were seen to be provided with regular snacks and drinks. Diabetic options were available for residents with diabetes. Residents who required support at mealtimes were provided with discreet and timely encouragement and assistance by staff. Each table in the dining room was set with condiments and there was a menu for residents.

A resident had been admitted with a pressure sore. The inspector reviewed the care plan and the wound dressing regime and found that it contained comprehensive detail

about the progress and had been regularly reviewed in conjunction with the tissue viability nurse. The dietician had recommended appropriate oral supplements to promote wound healing and preventative measures such as specialist mattresses, cushions and regular repositioning were in place.

Staff provided end of life care to residents with the support of the GP and community specialist palliative services when required. Advanced care directives regarding residents' resuscitation status were in place and were signed by the general practitioner. There was evidence of the resident and family being consulted. An end of life care plan outlined the physical, psychological and spiritual needs of the resident and contained person centred information in relation to specific wishes such as the religious rites chosen. Staff used validated pain assessment tools to assess for pain based on behavioural and nonverbal indicators. Residents had access to a large oratory if they wished for funeral services. The centre was engaging in the meitheal programme, providing education in palliative care to all staff.

Judgment:

Non-Compliant - Moderate

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:

Measures to protect residents from being harmed or suffering abuse were in place with the exception that a staff member was working in the centre without Garda vetting. The RPR stated that this staff member would not work in the centre until the satisfactory clearance was received.

A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. The RPR was in the process of reviewing all of the designated centre's policies and procedures. Staff who communicated with the inspector were knowledgeable and familiar with safeguarding vulnerable adults and the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to residents raising issues of concern.

An examination of a sample of documents required to be held in respect of each member of staff highlighted that there were gaps in respect of the person's identity, relevant qualifications, employment history and references.

Staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. There were no residents with responsive behaviours but staff were knowledgeable regarding such behaviours and understood deescalating techniques. The policy/procedures provided guidance on strategies to prevent behaviours and to calm a resident if the behaviour escalated.

The centre had a policy on the use of restraint. The use of any measures that could be considered as restraints such as bed rails (12 in use) was not fully underpinned by an assessment and not reviewed on a regular basis. Alternative options such as some low to floor beds were in place but alternatives were not trialled in all instances. Documentation referred to bed rails as an 'enabler' but those residents using bedrails could not independently release the rail(s).

There were systems in place to safeguard residents' money. The inspector communicated with the RPR and it was confirmed that the centre does not act as a pension agent for any resident. The financial arrangements were explained to the inspector. The staff member responsible for safeguarding small amounts of monies for residents showed the inspector the existing systems, however, the RPR explained that the processes were reviewed and some changes will be implemented in accordance with the revised policy/procedures to manage residents' monies.

Judgment:

Non-Compliant - Moderate

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:

The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. Residents expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns. Resident's rights and dignity were upheld and positive risk taking encouraged.

There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. One resident was having her hair styled in order to attend a community event. Staff interacted with residents in a courteous manner and resident's privacy was respected as staff knocked on the residents' bedroom doors prior

to entering.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends in the communal and visitors' rooms.

The statement of purpose highlighted a wide range of activities such as bingo, quizzes, arts and crafts provision of newspapers and outings. The activity coordinating staff member was on leave during the period of the inspection and healthcare assistants were responsible for providing social and recreational opportunities for residents.

The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observation took place in the sitting room. The inspector observed that a staff member during the observation session knew the residents well and connected with each resident in a small group activity involving making words from a selected number of letters therefore scoring + 2. However a number of residents in the same sitting room were not engaged.

Over the two days of the inspection the inspector saw both limited engagement and good engagement. The inspector noted that the majority of the residents preferred to use the main sitting room which had insufficient space to accommodate all types of activities including quiet time. The inspector saw that some residents engaging in an activity had to be moved so that other residents could enter or leave the sitting room. This disrupted the activity. Also in this room some residents watched the television while some others listened to the radio and so noise stimuli was too much for some residents.

Residents had many opportunities to fulfil their spiritual needs. There is daily mass in the chapel and the inspector observed that some residents used it for quiet contemplation and prayer.

There were formal residents' meetings where residents had an opportunity to discuss various topics. These provided opportunities for staff to get to know the residents better as well as elicit their opinion in matters related to the running of the centre or to their daily lives and staff were eager to ensure their views were respected.

Judgment:

Non-Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Policy/procedures were in place regarding the management of complaints and it met the requirements of the regulations. This procedure in leaflet format was on display.</p> <p>There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy.</p> <p>Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.</p> <p>A record of complaints was maintained, however they were not being logged in line with the regulation.</p> <p>The residents had access to trained advocates.</p>
<p>Judgment: Substantially Compliant</p>

Outcome 05: Suitable Staffing

Theme:
Workforce

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The number of staff was appropriate to meet the needs of the residents. There was a roster which identified all staff including care, management, household, laundry, catering, administration and maintenance staff. In addition to the person in charge two nurses and the six care staff were rostered to provide direct care to residents during the morning and early afternoon. There after the number of care staff reduced to one staff nurse and two carers on duty throughout the night. Residents confirmed that their needs were met.</p> <p>There was a clear organisational structure and reporting relationships in place which staff understood and were able to describe to the inspector.</p> <p>A rolling training programme was in place. The records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling, and safeguarding vulnerable persons. The staff also had access to a range of</p>

education appropriate to their roles and responsibilities, including dementia care and palliative care/end of life. The roster identified that a number of staff were participating in "enriched" dementia training on the second day of the inspection.

The inspector saw records of meetings at which operational and staffing issues were discussed. Copies of the regulations and standards were available.

Staff confirmed that they were supported to carry out their work by the RPR and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. Staff told the inspector that there were good supports available to them and there was good staff morale. Staff, residents and relatives conveyed that the person in charge was approachable and available whenever they need to talk to her or to relay information.

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 converted from a maternity hospital in the 1970's. It is located within walking distance of the town and has extensive grounds, with views over an expanse of water and countryside. It is laid out over two floors.

The proprietor identified the refurbishment work to be carried out in order to ensure that the premise complies with the regulations. The work will be prioritised for example, erecting signage to identify the new name of the designated centre, establishing a new entrance, developing the kitchen and refurbishing the communal dining and sitting rooms. The inspector was shown the work that has already commenced to improve the laundry facilities.

Bedroom accommodation consists of 25 single bedrooms and three twin bedrooms and 18 of these bedrooms had some form of ensuite facilities. The bedrooms were safe, comfortable and residents were able to retain their own personal possessions. In addition, there were a variety of rooms for residents' and relatives' use, including 2 sitting rooms, the larger of the two was used for the daily group activities, with the smaller sitting room reserved for quiet activities/visitors, a dining room and hairdressing salon. There was an office situated close to the entrance. The centre also contained a main kitchen.

premises was clean, hygienic, free from unpleasant odours and suitably decorated. The centre and grounds were maintained in a safe condition.

Specialist equipment was available to maximise residents' independence.

Overall the environment for residents, was not regarded as a therapeutic resource, promoting well-being and functionality among residents with dementia due to lack of signage and use of objects as well as colour for orientation. It was difficult to control stimuli, especially levels of noise in the main sitting room. Residents had freedom and choice of movement throughout the centre.

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:

Siobhan Kennedy
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:	St Anne's Nursing Home
Centre ID:	OSV-0000169
Date of inspection:	11/03/2019
Date of response:	17/04/2019

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:

The assessments for a newly admitted resident had not been devised to guide staff in the delivery of care.

The Pool Activity Level' (PAL) assessment had not been sufficiently developed to positively impact on residents' lives.

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

1. Action Required:

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

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

Staff have received further training and supervision in relation to the admission assessment process within St Anne's, its implementation and the documentation required. To ensure compliance and monitor practice monthly audit will be implemented on resident's assessments, documentation and implementation moving forward.

Proposed Timescale: 17/04/2019

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 were not prepared based on the residents' assessments with in the time period identified in the regulation.

In the care planning documentation the daily notes did not reflect residents' social, psychological and spiritual well-being and therefore did not give staff sufficient information to deliver care. The lack of adequate information may limit the care planning review process.

2. 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 that resident's admission to the designated centre.

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

All new admissions have assessments completed and care plans prepared based on the outcome of the assessments and the wishes of the resident within 48hours of admission. This timeline forms part of the monthly audit.

Proposed Timescale: 17/04/2019

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 were not reviewed when there was a change in the residents' circumstances.

3. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Further training has been provided to staff in relation to the documentation process in St Anne's and all resident care plans shall be reviewed following any change in the residents needs or wishes and at regular intervals not exceeding 4 months. The review process is always completed in consultation with the resident and /or as appropriate the family. This shall form part of the monthly audit.

Proposed Timescale: 31/05/2019**Theme:**

Safe care and support

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

There was no evidence of formal arrangement for the involvement of family and relatives in the care planning process.

4. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

The care plan documentation has been revised to include who the care plan was developed in consultation with.

Proposed Timescale: 17/04/2019**Theme:**

Safe care and support

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

Medicines to be 'crushed' were not individually prescribed.

5. 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:

Prescriptions have been reviewed by the pharmacist and GP and specific individual instructions have been added to the Kardex.

The resident's Kardex will be audited monthly going forward to ensure continued compliance.

Proposed Timescale: 17/04/2019

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Restraint was not being used in accordance with the national policy in that the use of bed rails was not fully underpinned by an assessment and not reviewed on a regular basis. Alternative options were not trialled in all instances. Documentation referred to bed rails as an 'enabler' but those residents using bedrails could not independently release the rail(s).

6. Action Required:

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

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

All staff have received training in relation to restraint and the national policy.

Changes in practice are being implemented in a phased programme of restraint review in consultation with the resident.

Proposed Timescale: 31/07/2019

Theme:

Safe care and support

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

Residents were not protected as a staff member was working in the centre without Garda vetting.

Documents required to be held in respect of the person in charge and each member of staff highlighted that there were gaps in respect of the person's identity, relevant qualifications, employment history and references.

7. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All current staff files have been audited against the records set out in Schedule 2, 3, & 4 and any missing documents have been requested.

New recruits will not be permitted to commence employment until all required records have been obtained.

Proposed Timescale: 31/05/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The registered provider did not provide for all residents opportunities to participate in activities in accordance with their interests and capacities.

8. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The activities programme is currently under review in consultation with the resident's, the activities Co-ordinator and the care staff. The results of the PAL assessment and Life Story work have also been included as part of this review to ensure that activities match the capacity and interests of all residents.

Proposed Timescale: 31/05/2019

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

A record of complaints was not being maintained in accordance with the regulation.

9. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A new complaints record has been implemented which is in accordance with the regulations

Proposed Timescale: 17/04/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout of the centre was not appropriate to the needs of the residents, particularly the main sitting room.

The environment for residents, was not regarded as a therapeutic resource, promoting well-being and functionality among residents with dementia due to lack of signage and use of objects as well as colour for orientation.

It was difficult to control stimuli, especially levels of noise in the main sitting room.

10. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The layout of the premises is currently under review. In the short term the seating arrangements etc in the main sitting room have been changed to accommodate all residents seating while allowing freedom of movement for residents who wish to move around without causing disruption during activities. Residents who do not wish to take part in the daily activity are also being encouraged to watch television etc in the alternate sitting room available.

Appropriate signage has been ordered and will be erected on delivery.

In the long term the management team have plans to renovate the premises which will enhance both the aesthetics' of the internal environment, the communal areas and provide additional facilities for residents including quiet areas and extended external gardens.

Proposed Timescale: 17/04/2019