

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore Community Nursing Unit
Centre ID:	OSV-0005290
Centre address:	Tully, Ballinamore, Leitrim.
Telephone number:	071 964 4376
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	20
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 Monitoring Compliance This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 February 2020 09:30 To: 26 February 2020 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	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the office of the Chief Inspector. In addition, evidence-based guidance was developed to guide best practice in dementia care and the inspection process. Prior to the inspection, a provider self-assessment was completed and the centre was assessed against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Ballinamore Community Nursing unit is a purpose-built facility that provides accommodation for 20 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that care is focused on

a person centred approach where each resident is treated with dignity and respect. This centre is a modern building and is located in the town of Ballinamore. It is a short walk from the shops, library, church and business premises. Bedroom accommodation consists of 18 single rooms and one double room. All rooms have fully accessible en-suite facilities. A variety of communal accommodation is available and includes sitting rooms, a dining area, a prayer room and visitors' room. The centre has a safe well cultivated garden area that has features such as bird feeders, flowers and shrubs to make it interesting for residents. The centre was decorated in a home like comfortable style. There was signage to guide residents to the main facilities and to their bedrooms. Colour schemes used also enhanced the accessibility of the environment. Hand rail colours and materials contrasted with background colours to make them more visible for example. Bedrooms had been supplied with digital clocks that displayed the date and time in a clear format.

The inspector talked with residents and staff during the inspection. The journey of a number of residents with dementia was reviewed. The delivery of care and interactions between staff and residents who had dementia was observed using a validated observation tool. The inspector also reviewed documentation that included care plans, medical records, incident reports and staff training records. The inspector reviewed the self-assessment questionnaire which had been submitted by the provider prior to inspection and noted that the relevant policies were in place.

Residents had a comprehensive assessment on admission and this was used to inform care plans and to guide staff interactions with residents. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services and to a range of other primary care and professional services. The inspector found that a good standard of evidence-based care was provided. Residents described life in the centre as comfortable and said that staff were very committed to ensuring they had a good quality of life. They described how their individual care needs were met and said that staff adhered to how they liked their personal routines to be carried out. Many residents commented on the quality of food and said that the dining experience was pleasant and sociable. All residents the inspector talked with said they were treated with respect by staff. While care plans were noted to be informative and to guide practice, the regular reviews of care did not always describe residents' progress or change in health status from one review to another and did not provide a holistic overview of residents' condition or overall well-being.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule, or (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The observations took place during the morning and afternoon. The inspector observed that staff knew the residents well and connected with each resident on a personal level when they entered the sitting and dining areas however there were several lengthy periods when staff were not readily available to residents and areas were not supervised. Staff were observed to be familiar with residents' care needs and family backgrounds and efforts were made to chat to them about daily life and activities due to take place. Instances of meaningful, helpful and caring interactions between staff and

residents were observed during the inspection.

During meal times staff were observed to offer assistance to residents in ways that were respectful and enabling. Staff sat near residents and chatted to them while patiently offering encouragement to eat. There were good efforts made to promote independence and residents were encouraged to eat their meals with minimal assistance to help maintain and improve their functional capacity.

The inspector found there was a varied activity programme and residents said they enjoyed the activities that were organised. The art group, sing a longs, exercise class and music sessions were very popular. Residents said they liked going out and the proximity to the local town meant that they could easily go to cafes and shops with staff or with their visitors. The programme included sensory therapeutic sessions for those residents with advanced dementia and residents with limited physical abilities. There was sensory equipment and a sensory area provided for such activity. There was information on residents' backgrounds, life styles and social interests in care plans and this was used to inform how the activity programme was organised.

There was a process for consultation with residents and residents said that their views were listened to and they felt they contributed to the way the aspects of the service was organised. There were regular meetings- known as "Circle of Friends" meetings that were facilitated by an independent chair. The recorded details indicated that residents were happy with the food and services provided. Their suggestions for trips out and changes to the menu were listened to and adopted.

The inspector observed that some residents spent periods of the day in their own rooms reading and watching television. Residents were seen to spend time in the different communal areas of the centre and said they were free to sit wherever they wished during the day. Newspapers and magazines were available and there was a notice board that provided a range of useful information centrally located. Staff told the inspector that every effort was made to provide residents with the freedom to exercise their choice in relation to their daily activities. There was a quiet room where residents could spend time alone and all residents were facilitated to exercise their political and religious rights.

The centre had an effective governance structure in place. The provider representative visited the centre regularly and regular reviews and audits of the service to assess compliance with regulations and standards were completed. The inspector found that actions identified at the last inspection had been addressed. All schedule 2 documents in relation to staff employed were available, the safeguarding procedure included a summary for staff to guide them on the actions to take and care plans included problems associated with dementia care needs. The areas noted to require attention during this inspection are identified under the outcomes reviewed and outlined for attention in the action plan at the end of this report. Areas for improvement included care plan reviews, the deployment of staff in communal areas during the morning and afternoon and the information described in the resident profiles to guide staff in an emergency.

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):

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

Findings:

The inspector found that residents' wellbeing and welfare was maintained by satisfactory standards of nursing care supported by appropriate support from primary care services, allied health care and specialist professionals. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The centre was fully occupied at the time of this inspection. Six residents had a formal diagnosis of dementia. There was a referral pathway to the team for old age psychiatry and to diagnostic procedures to ensure optimum health and wellbeing was promoted for residents with dementia.

Detailed assessments were at the time of admission. The person in charge said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The inspector found that the assessment process included the use of validated tools to assess varied aspects of residents' health conditions and included information on nutrition, level of cognitive impairment, vulnerability to pressure area problems and skin integrity. Care plans based on the completed assessments were prepared within 48 hours of admission.

There was evidence that residents and their families were involved in the care planning process and were also included in discussions about care at end of life. Relatives the inspector talked with confirmed this and said that staff ensured they were updated when medical tests and reviews were required. The actions required from the previous inspection relating to care records had been completed. The inspector found records completed by nurses provided a good overview of how dementia impacted on the daily life of residents. The quarterly reviews of residents' care were completed however the reviews read by the inspector did not provide an informed overview of residents' health and well being. For example some reviews indicated that no change to the care plan was required but did not indicate how effective the care interventions had been and where residents displayed responsive behaviours associated with their condition reviews did not indicate the prevalence of these behaviours and if interventions put in place addressed the behaviours successfully and improved residents' health and well being.

The standard of care planning in relation to dementia care was generally good with

details on residents' backgrounds, lifestyles and abilities used to inform care practice. Information on residents' independence, their orientation to the environment, who they continued to recognise and if they could participate in group activity was recorded to guide staff interventions.

There were systems in place to ensure residents' had suitable nutrition for their needs. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector also noted that preferences and habits around mealtimes were recorded and adhered to. For example where residents preferred to eat alone this was arranged and staff ensured that residents were comfortable and supervised. Catering staff were very involved in nutrition management and could describe the range of specialist diets served and how the catering team accommodated residents' individual preferences.

The inspector was told that end of life care was undertaken in the centre and that the care and facilities put in place ensured that residents received end-of-life care in a way that met their individual needs and wishes. There was a policy to guide staff on how end of life care should be provided. Having reviewed a sample of care plans the inspector found that information to guide staff at end of life was recorded where residents had relayed their wishes on how they would like to be cared for at this time. Decisions made in relation to active interventions or do not resuscitate decisions were recorded and reviewed regularly. If residents refused care or did not wish to have an intervention this was recorded.

Residents had access to GP services and an out-of-hours service was provided. A full range of other services was available on referral including speech and language therapy (SLT), dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that where residents had been referred to these services the results of appointments and recommendation were written up in the residents' notes and transferred to care plans. Many residents with complex care and mobility needs were assessed by occupational therapy services and had appropriate wheelchairs and specialist chairs to promote their comfort and mobility needs.

The inspector reviewed a sample of administration and prescription records and noted that medicine management practices met good practice standards. There were medicine audits completed routinely and where errors were identified remedial action was put in place. The nursing team had completed medicines management training during the past two years.

Staff conveyed good knowledge about the value of emotional support, appropriate stimulation and reminiscence when supporting people with dementia. They were observed to sit at eye level and beside residents when speaking to them. The inspector noted that staff adjusted their communication to match residents' cognitive abilities and engaged them in a personal way during conversations. The centre had a comprehensive communication policy that included steps to be taken to enhance communication, how

to identify particular communication problems and the indicators for referral to speech and language therapists.

The provider self - assessment had judged the centre to be substantially compliant in this area and the inspector made a similar finding.

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:

Staff had received training to guide them on how to protect vulnerable people and on how to identify and respond to an incident of abuse. A policy and procedure document was in place to support the training and to guide staff actions. Staff spoken to confirmed they had received on this topic and were clear on the reporting procedures they had to follow if there was an abuse incident or if one was suspected.

The inspector saw that the use restraints in the form of bedrails had been eliminated. Equipment such as low beds and sensor alarms were in use and these measures had reduced the need for bedrails.

There were some instances of responsive behaviours associated with dementia and other conditions. The inspector saw that details of possible triggers and interventions were recorded in residents' care plans. Staff spoken to were very familiar with the interventions to use to reduce and manage the behaviours to protect residents and ensure their dignity. The inspector saw that additional support and advice was available to staff from mental health and old age psychiatry services. All staff had completed training in the management of aggression and violence and training on positive behaviour supports and person centred care had been completed by some staff and further training was scheduled to be completed during 2020.

The provider self - assessment indicated the centre was substantially compliant. The inspector judged the centre to be compliant based on the arrangements in place.

Judgment:

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:

The inspector found that residents including residents with dementia were consulted about how the centre was run and were enabled to make choices about how day to day life in the centre was organised. Despite the high level of dependency of some residents staff had made significant efforts to obtain information on residents' choices and daily routines. There were good arrangements in place for consultation with relatives and families who said they were regularly asked for their views in relation to their relatives' care and the service provided.

There was evidence of a culture of good communication between residents and the staff team. The inspector observed that staff interacted with residents when they met while respecting their privacy appropriately at other times. Residents were able to exercise choice in relation to the time they got up and went to bed and told the inspector they were able to have breakfast at a time that suited them. They could choose to have meals in the dining room or in another area that they preferred. Some residents said they liked to eat alone and that staff respected this and brought them their meals in their rooms or wherever they wished to sit.

During the day residents were able to move around the centre freely. Personal space in bedrooms met standard specifications and there was appropriate storage for personal items and clothing including secure storage for items of value that residents wished to keep in their rooms.

The inspector spent three periods 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 in the communal sitting areas on both floors. The inspector observed that staff knew residents well and engaged with them in a personal meaningful way by asking about their wellbeing, plans for the day, activities and meals. The inspector observed that while all residents had a level of social engagement that was pleasant and meaningful there were long periods during the morning and afternoon when residents in the main sitting room were alone and not supervised. Activities that were scheduled took place as planned but after lunch for example, residents were alone for the majority of the time before the exercise activity commenced at 15.00. Residents told the inspector that they had good relationships with staff and found them very helpful.

Social care opportunities were provided daily by care staff and staff employed to do sessional activities. Residents had opportunities to go out to local events and to places of interest. The programme was varied and there were activities targeted to the needs of people with dementia. There was a good emphasis on interactive activity and crafts

where residents were supported to contribute to their maximum ability. There was a mix of group and individual activities available. Information on residents' backgrounds, interests and hobbies had been collated by staff and the activity programme was reviewed regularly to ensure that the programme was relevant to residents' interests.

There were residents' meetings scheduled regularly and these were facilitated by an independent person external to the service. The inspector viewed the minutes of the meetings held during 2019. The meeting record provided assurances that residents were happy with the services provided particularly the care provided by staff and the catering arrangements. Residents were enabled to contribute their views and their suggestions for trips out were listened to and actioned. The inspector saw that residents visited local places of interest and museums during the summer months.

National and local newspapers and magazines were available. The inspector observed that residents could go out freely and they had good connections with the local community. Residents said they were registered to vote and had voted in the recent general election.

Staff were observed to interact with residents in a warm and engaging manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a clear complaints procedure in place. Information advising residents and others about how to complain was described in the residents' guide, the statement of purpose and the procedure was displayed. The contact details and role of the confidential recipient were also clearly displayed. The inspector was satisfied that the concerns of residents and others were listened to and addressed in a timely manner. The person in charge said they had a proactive approach to dealing with concerns and ensured that matters were resolved promptly in the interests of residents' well-being and comfort..

The inspector reviewed the record of complaints for 2019. All had been addressed and resolved. The complaint record described the issue raised, the investigation completed and if the matter had been resolved in a way that satisfied the complainant. Residents

told the inspector they had no problem raising a concern and were encouraged to do this by the person in charge and staff team.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was improvement required to the way staff were deployed during the morning and afternoon as there were long periods of 15-20 minutes when residents in the main communal sitting room did not have supervision or access to staff. The staff team was stable however there was a vacancy and absence factor which was filled by agency staff. The inspector was told that some replacements to the vacant posts had been approved. Rosters showed that there were a minimum of two registered nurses on duty during the day. They are supported by three carers as well as catering, cleaning and maintenance staff. One nurse and a carer is on duty at night.

The inspector found that recruitment procedures met good practice standards for the recruitment of staff to work with vulnerable people. The documentation as described schedule 2 records was available for all staff. Vetting disclosures were obtained prior to staff commencing work and these were available in the staff files reviewed. An immediate action plan following the last inspection that required vetting disclosures to be held on site had been addressed. There was an induction period for new staff to enable them to become familiar with the centre's procedures and with residents' care requirements.

Training for staff was scheduled throughout the year. Records presented during the inspection conveyed that all staff had completed training in moving and handling, fire safety and safeguarding during 2018/2019. All staff had attended training on managing aggression and violence and several staff had completed training on dementia care. There was ongoing focus on this and staff were scheduled to attend training on person centred care and on becoming dementia champions as part of an initiative to improve dementia care practice. Staff had also attended training on infection control, falls prevention, restraint management and nutrition. Nurses had attended training on medicines management.

In the self - assessment the centre was judged to be substantially compliant and the inspector made a similar judgment.

Judgment:

Substantially 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 is a modern single storey building that is part of a large primary care facility. It is located a short walk from the town of Ballinamore. The design of the building supported the care of people with dementia in a positive way. There was good signage to guide residents around the building and further enhancements to this was planned the inspector was told. Communal areas were furnished in a comfortable style and there was a variety of seating that reflected residents' needs. The dining room and sitting areas were centrally located and had good natural lighting and views of the garden. Sitting areas had radios, televisions, lamps, reading and activity material that contributed to making the environment home like and comfortable. The centre is maintained and decorated to a high standard. Colour schemes are vibrant and there is contrasting colours used in showers and toilets that highlight the equipment and make it readily visible to residents and also aids orientation. All bedrooms had been supplied with digital clocks that indicated the date, the time of day and also described if it was morning or afternoon.

Bedrooms were spacious and well furnished. Residents were able to see the outdoors when sitting by windows. The inspector observed that many residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents to bring in personal items to remind them of home, of family events and to ensure that their rooms were personal to them. Bedroom doors had individual features and pictures that had meaning for residents to help them locate their rooms.

A safe garden area with level walkways had been created for residents. This was easily accessible from the building. Several residents told the inspector that they enjoyed being out during the fine weather and were looking forward to spending more time outside when the weather improved. Improvements to the garden were planned and these included the addition of raised planters that residents could reach easily to plant bulbs and bedding plants.

Access to areas that may pose a risk to residents such as the sluice room and laundry area is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was

regularly serviced.

The provider had assessed the centre as substantially compliant. The inspector found the arrangements met the standard for compliant.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a detailed risk management strategy in place to protect residents, staff and visitors. Risk areas were identified and reviewed regularly. A quality and safety group meet regularly to discuss and review risk areas and their management.

The fire safety arrangements were reviewed. Fire action instructions were displayed throughout the centre. Guidance on the use of fire extinguishers was displayed over the fire extinguishers to ensure staff used the right type for the particular situation. Five fire drill exercises were completed in 2019 in addition to the regular fire alarm tests and fire training sessions. Residents were included and were advised about the sound of the fire alarm. A night time scenario had been enacted. This had included the local fire brigade and the procedures and exit arrangements were found to have worked as planned .

There were personal evacuation plans available for residents and these outlined the number of staff required to assist them if the centre needed to be evacuated. The inspector found that the information described did not include dementia or other cognitive problems which would be useful for staff or others to be aware of in an emergency. There were 13 residents who required two staff to assist them in an emergency and the inspector concluded that this should be taken into account when staffing levels for night duty are considered and when future admissions are being assessed to ensure staff capability to manage an evacuation situation.

Judgment:

Substantially 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:

Geraldine Jolley
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:	Ballinamore Community Nursing Unit
Centre ID:	OSV-0005290
Date of inspection:	26/02/2020
Date of response:	02/04/2020

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:

Care plan reviews did not provide an overview of residents' health and condition and did not indicate if there were changes in health or well-being since the previous review.

1. 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

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

family.

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

A full review of all care plans and the care planning process has taken place. All care plans now accurately reflect on review the residents health and well being since the previous review.

Proposed Timescale: 30/03/2020

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 inspector observed that while all residents had a level of social engagement that was pleasant and meaningful there were long periods during the morning and afternoon when residents in the main sitting room were alone and not supervised. Activities that were scheduled took place as planned but after lunch for example residents were alone for the majority of the time before the exercise activity commenced at 15.00.

2. 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:

A Review of staffing has been completed by the PIC. This review and subsequent actions now ensure that increased level of activities and supervision of residents in day room for the duration of residents being in attendance is now in place.

Proposed Timescale: 23/03/2020

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The inspector found that there was improvement required to the way staff were deployed during the morning and afternoon periods as there were long periods of 15-20 minutes when residents in the main communal sitting room did not have supervision or access to staff.

3. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

A review of staffing and deployment of roles and responsibilities has been completed by the PIC. This has ensured that there are increased levels of supervision of residents in day room for the duration of residents being in attendance.

Proposed Timescale: 23/03/2020

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

The inspector found that the information described in personal evacuation plans did not include dementia or other cognitive problems which would be useful for staff or others to be aware of in an emergency. There were 13 residents who required two staff to assist them in an emergency and the inspector concluded that this should be taken into account when staffing levels for night duty are considered and when future admissions are being assessed to ensure staff capability to manage an evacuation situation.

4. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The Personal Emergency Evacuation / Egress Plan has been reformatted to include a section indicating whether the resident has a dementia, cognitive problems or other issues which staff or others would find useful in the event of an emergency .

All residents are pre- assessed prior to admission by the PIC/ Clinical Nurse Manager 2. This assessment determines the ability of the centre to meet each individuals specific care needs and in particular the ability of staff to safely manage the resident in an evacuation situation.

Night time simulated drills have been completed by staff and will be on going to keep staff skills updated and promote awareness of effective drill procedure and contingency in the event of a night time fire.

Proposed Timescale: 31/03/2020

