<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Waterman’s Lodge</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>ORG-0000708</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Ballina Killaloe, Tipperary.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>061 374 888</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:clavelle@alzheimer.ie">clavelle@alzheimer.ie</a></td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Alzheimer Society of Ireland</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Catriona Lavelle</td>
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<tr>
<td><strong>Person in charge:</strong></td>
<td>Christina McKenna</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Julie Hennessy</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Mary Costelloe</td>
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<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>5</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>6</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>01 April 2014</td>
<td>01 April 2014 16:30</td>
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<tr>
<td>02 April 2014</td>
<td>02 April 2014 14:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Contract for the Provision of Services</td>
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<td>Outcome 03: Suitable Person in Charge</td>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 05: Absence of the person in charge</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of the first inspection of Waterman's Lodge Day and Respite Centre. Waterman’s Lodge is part of The Alzheimer Society of Ireland. The inspection took place over two days and was a registration inspection of the respite centre, which provides respite services to people living with dementia.

Inspectors met with residents, staff, the provider, the person in charge and a relative over the course of the two-day inspection. Inspectors observed practices, the physical environment and reviewed documentation such as medical records, risk assessments, policies, procedures and staff files.
Inspectors identified two major areas of non-compliance. The first related to the failure of the person in charge to notify the Authority of notifiable incidents; this was addressed by the person in charge during the inspection. The second related to medication management; the person in charge took appropriate steps to commence addressing the identified issue during the inspection.

Inspectors found evidence of good practice across all outcomes. The premises were homely, clean, and warm and decor was maintained to a high standard. The design of the centre incorporated principles that reflected best practice for dementia care and provided a pleasant and calm environment for residents. Activities and therapies were meaningful and specific to the residents’ needs. Staff interacted with residents in a respectful, kind and warm manner. Staff were knowledgeable about residents’ likes, dislikes and personal preferences. Management were supportive of staff education and training needs and this was reflected in the delivery of evidence-based care to residents’ living with dementia.

Some non-compliances were identified relating to care planning, risk assessments, improving access to safe areas and the maintenance of documentation and records. These will be discussed in the body of the report and in the action plan at the end of the report.

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**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

**Findings:**

There was a written statement of purpose that set out the aims, objectives and ethos of the centre. The statement of purpose accurately described the facilities available in the centre. The statement of purpose was prominently displayed at the entrance of the centre and inspectors spoke with a relative who confirmed that they had received a copy. Although the statement of purpose included all of the items listed in Schedule 1 of the Regulations, the arrangements in place for dealing with complaints was not clear. Also, the statement of purpose did not fully reflect practice in that it stated that care plans were developed within 24 hours, when in practice, they were not completed within this time-frame.
**Outcome 02: Contract for the Provision of Services**
*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate

**Findings:**
There were written contracts of care in place, which were signed on admission for each resident. However, contracts of care did not meet the requirements of the Regulations as they did not include the services to be provided or fees to be charged.

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**Outcome 03: Suitable Person in Charge**
*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Findings:**
The centre was managed by a suitably qualified and experienced nurse with authority and accountability.

There was a clearly defined management structure in place. Inspectors spoke with staff, residents and a relative who were able to identify the person in charge.

The person in charge demonstrated knowledge of her responsibilities under the Regulations and also displayed understanding of the Standards. The person in charge demonstrated her commitment to continuous professional development and had completed a range of relevant courses including palliative care, elder abuse, infection control, medication management, early identification of memory problems and the education and assessment of competencies. The person in charge had commenced a foundation course in dementia-specific care (Level 8) and has explored postgraduate courses in this area.

The post of the person in charge was full-time and the person in charge was involved in the day-to-day operation and management of the centre. There were appropriate deputising arrangements in place and the provider and person in charge deputise for each other in the event of any absences. The centre was managed by a staff nurse at weekends. The person in charge was on-call at night or at weekends and the provider
was on-call in the event of the person in charge being unavailable.

Inspectors found that the person in charge was very responsive to any items raised during the inspection and demonstrated a commitment to the regulatory process.

**Outcome 04: Records and documentation to be kept at a designated centre**

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate

**Findings:**
Overall, required records and documentation were maintained in the centre in a suitable manner. Improvements were required in relation to a small number of policies, the register of residents, insurance cover and the residents' guide.

All records requested by inspectors were made available. Records were maintained in a very organised manner and were easy to retrieve.

Systems were in place for the review and updating of policies and procedures. Most of the Schedule 5 policies were up to date, with the exception of the recruitment policy and the infection control policy. Some policies were not centre-specific, including policies relating to medication management and end-of-life care. There was a system in place for staff to sign and confirm that they had read and understood each individual policy.

A register of residents was being maintained. However, it did not contain all of the information required under Schedule 3 paragraph (3) of the Regulations. The register of residents did not include the residents' marital status, address of next of kin. Also, the telephone number of the residents' next-of-kin and their GP details were not always included.

There was an insurance policy in place but it did not cover the liability not exceeding €1000 against loss of damage to any one item, as required by the Regulations.

There was a residents' guide in place but it did not include a summary of the complaints procedure, nor did it include terms and conditions in respect of accommodation to be provided for residents. Inspectors spoke with a relative who confirmed that he had received a copy of the residents' guide. A copy of the residents' guide was prominently
displayed in the entrance hall.

### Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

**Findings:**  
There were satisfactory arrangements in place to manage any absences of the person in charge.

Inspectors spoke with the provider and person in charge who were aware of their obligations to notify the Authority of proposed absences of the person in charge. There had not been any instances whereby the person in charge had been absent for a period of 28 days or more.

### Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

**Theme:**  
Safe Care and Support

**Judgement:**  
Compliant

**Findings:**  
There were appropriate measures in place to protect residents from being harmed or suffering abuse. All staff had received training in elder abuse, which was delivered by the HSE Abuse Prevention Officer.

Inspectors spoke with the person in charge who was knowledgeable about the centre’s policy relating to the prevention of abuse and how to deal with allegations, suspicions or incidents of abuse. Inspectors spoke with staff who were aware of what steps to take in the event of an allegation, suspicion or incident of abuse.

Inspectors spoke with residents who said that they felt safe in the centre. Inspectors spoke with a relative who confirmed that he knew who to report any suspicions or allegations of abuse to and that he felt his relative was safe in the centre. There had not
been any allegations of abuse in the centre.

The person in charge confirmed that they were not managing the finances of any resident at the time of inspection and that no monies were being kept for safekeeping. Inspectors found that there were appropriate systems in place in the event of any finances being managed or monies being kept for safekeeping, including the keeping of receipts, careful recording and counter-signing of any transactions.

**Outcome 07: Health and Safety and Risk Management**

_The health and safety of residents, visitors and staff is promoted and protected._

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Findings:**
Arrangements were in place to protect the health, safety and well-being of staff, residents and visitors, however, improvements were required in relation to daily fire safety checks, the completion of risk assessments and the infection control policy.

The centre had a safety statement that was up to date. The centre had a risk management policy that included all of the key risks specified in the Regulations. There was an emergency plan that outlined centre-specific arrangements in place in the event of a fire or evacuation. Emergency procedures were prominently displayed.

Hazard inspections were being completed for all work areas. Weekly quality and safety walk-abouts were being completed. A log of required maintenance tasks was maintained. Safety information was available for all chemicals in use.

Risk assessments were completed for work areas and work activities. However, inspectors reviewed risk assessments and found that, with the exception of the manual handling risk assessment, risk assessments did not provide adequate guidance for staff. These included risk assessments relating to assault and injury, the unexpected absence of a resident and behaviour that challenges. Some risk assessments had not been updated, for example in relation to infection control. Also, risk assessments did not clearly identify a person responsible for ensuring the implementation of control measures nor did they set a clear time-frame.

Care plans had been completed for residents. However, they did not always contain adequate care interventions to manage risk, for example, in relation to residents with difficulty swallowing who may be at risk of choking.

Fire safety training had not been completed since January 2012, although the person in charge was able to provide evidence that training was booked for May 2014.
Fire drills were carried out on a regular basis. Staff were knowledgeable about what to do in the event of a fire and told inspectors that residents were also involved in fire drills. Inspectors spoke with a resident who confirmed this. Inspectors found that the servicing records were in order: the fire alarm was serviced on a quarterly basis and fire equipment and emergency lighting was serviced annually.

Inspectors viewed accident and incident records and found that accidents and incidents were being recorded and reported and the person in charge reviewed each accident or incident. Such reviews were documented. Inspectors found that accidents and incidents were recorded in residents’ files. There was evidence of learning from accidents and incidents.

All areas that presented a risk to residents were accessible to staff only and controlled by electronic access, for example, areas where medications or chemicals were kept and the laundry room.

Overall, the physical environment was safe and well-maintained. Bathrooms were well-equipped with hand-rails, suitable equipment and non-slip flooring.

Inspectors noted that there were no hand-rails in the corridors. The provider produced documentary evidence from an architect stating that, on advice of the fire officer, the corridors were too narrow to permit the installation of hand-rails, which could inhibit safe evacuation in the event of an emergency. The provider had ensured other arrangements were in place to prevent falls in the centre. Arrangements included a falls risk assessment for residents, safe flooring throughout the centre and areas for sitting were provided at intervals in the hallway. However, audits of falls and trending of falls had not taken place to identify whether sufficient control measures were in place to prevent falls in the centre and to monitor falls in different parts of the centre.

All visitors were required to sign-in and out. Access to the centre was controlled via electronic gates and an intercom system.

Although there was an infection control policy, it was outside of its review date and it required further development. The policy for example did not contain information on the correct use of alcohol rubs nor did it refer to influenza, sharps management or the management of potentially contaminated laundry.

Inspectors spoke with staff who displayed an awareness of the principles of infection control and the cleaner was very knowledgeable about environmental cleaning, laundry care during an outbreak of an infectious disease and the correct use of personal protective equipment. There were suitable facilities in place to prevent and control infection including adequate sinks and hand sanitizing equipment. Inspectors observed good practices by staff in relation to hand hygiene and infection control. The person in charge had completed a recognised module in infection prevention and control. The person in charge delivered in-house training to staff and carried out infection control audits.

A contract was in place for the management of clinical waste and the clinical waste bin was securely locked.
Staff training records demonstrated that all staff had up to date training in the moving and handling of residents.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Major

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

**Findings:**
Although inspectors observed good practice in a number of areas, a number of improvements were required in relation to medication management. Inspectors found one major area of non-compliance, which required immediate action by the person in charge.

Inspectors found that an non-prescribed medication (an anti-emetic) had been administered by a nurse to a resident. This was a major non-compliance and inspectors brought it to the immediate attention of the person in charge. The person in charge took immediate action to address the non-compliance and recorded the incident as a medication error and outlined the steps she will take to prevent a re-occurrence, including the provision of additional staff training, increased supervision and skills assessment for all staff.

Although there were policies in place in relation to the ordering, prescribing, storing and administration of medications, they were not centre-specific.

Some practices were inconsistent with policy, for example, a prescription chart did not state the maximum dose of a PRN ("as required") medication, as required by the centre’s policy. An Bord Altranais guidance states that the nurse who administers medication should clarify any questions in relation to medications to be administered and knowledge of the maximum dose is important to prevent against accidental over-dosage.

Inspectors observed that a medication administered was not in its original packaging. As a result, it was not possible to match the prescription against the label of the dispensed medication and check the expiry date, storage instructions or any specific precautions or instructions to follow, as specified in An Bord Altranais guidance.

Inspectors observed medications administered at a time different to the prescribed order (a medication prescribed for 8am was administered at 11:45am). Ensuring the correct
The prescribed order is specified in An Bord Altranais guidance as a principle of safe administration of medication.

The nurse confirmed with inspectors that there was a resident who had her medications crushed, as prescribed by the GP. A list of crushable medications was not available on the medications trolley or other accessible location, as recommended by An Bord Altranais to ensure that only medications that can be crushed are crushed.

Inspectors observed a nurse administering medications and found that she was knowledgeable about medication management. The nurse administration sheet was completed in line with An Bord Altranais guidance.

Inspectors observed appropriate practice in relation to the recording and reporting of residents who refuse their medications that was in line with An Bord Altranais guidance.

Inspectors found that an appropriate system was in place for the segregation of used and out of date medications from other medicinal products. There was an appropriate system in place for the return of medications to a dedicated pharmacy; however, a record of medications returned to pharmacy was not being kept.

Inspectors found that controlled drugs were being managed in line with An Bord Altranais guidance. A count of controlled drugs was completed and confirmed as correct.

Medications were stored appropriately and safely, and access to the room in which medications were locked away was carefully restricted and controlled.

There was a system in place for documenting any medication errors and the person in charge confirmed that there had not been any drug errors previously in the centre, with the exception of the one identified by inspectors during the inspection.

The person in charge was completing medication audits, however not all identified issues were commented on nor was the action to be taken specified in all instances.

### Outcome 09: Notification of Incidents

*Outcome 09: Notification of Incidents*

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

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Major

**Findings:**

The person in charge had maintained a record of all incidents that occurred in the centre as required by the Regulations. However, the person in charge had not fulfilled her obligation to notify the Authority of any notifiable incidents or provide a quarterly return.
to the Authority, as required by the Regulations. The person in charge took immediate action to address this non-compliance and it was resolved prior to the end of the inspection.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Minor

**Findings:**
Arrangements were in place to monitor and review the quality and safety of care in the centre. Improvements were required in relation to the gathering of data for analysis.

The quality and safety of care in the centre was monitored and reviewed in a number of ways. A self-assessment tool had been used to complete a self-assessment in March 2014 and included a range of areas such as quality, the environment, provision of information, documentation and care provision. The self-assessment identified gaps such as the need for residents meetings and the provision of educational materials at an appropriate literacy level and the person in charge demonstrated action had been taken in these areas.

The centre was subject to internal quality audits and an audit was completed by the Head of Operations in March 2014. Inspectors reviewed the audit findings and the provider demonstrated a range of actions that had either already been completed or were in the process of being completed to address identified gaps. These included the updating of records and the review of job descriptions.

Inspectors found that the identification of gaps by self-assessment and internal quality audits demonstrated that such reviews were meaningful and led to improvements in practice.

There was a care record audit tool in place and an audit had taken place in Jan 2014. Inspectors reviewed infection control audits, which were completed by the person in charge. Medication management audits had been completed by nursing staff. However, in light of the non-compliances identified by inspectors, these audits were not sufficiently robust.

Not all aspects of the service were subject to audit, for example falls. Although all accidents and incidents were reviewed by the person in charge, analysis of trends was not completed. Analysis of trends is important in order to identify any possible contributory factors, for example staffing levels or premises issues, which can then be addressed.
**Outcome 11: Health and Social Care Needs**

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

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Moderate

**Findings:**
Inspectors found that generally residents' health and social care needs were being met. Improvements were required in relation to care planning documentation and the receipt of information relating to the admission and discharge of residents.

Inspectors viewed residents' records and found that an assessment of needs was completed on each admission. Although some needs assessments were comprehensive and person-centred, there were inconsistencies in that others were not as comprehensive.

A range of validated clinical risk assessment tools were in place, including those of specific relevance to people living with dementia and they were completed depending on the residents' needs. Clinical risk assessments included assessments for falls, dependency level, delirium, pressure sores, pain, geriatric depression, moving and handling, restraint and screening for wandering.

Inspectors spoke with staff who were very knowledgeable about the residents' specific needs. Inspectors reviewed residents' care plans and found that knowledge of residents' specific needs was not well-reflected in the care plans, meaning that care plans did not provide sufficient guidance for staff. For example, some identified needs relating to intimate care, end-of-life care, communication, dietary needs or wandering with purpose did not provide sufficient guidance for staff to ensure that practices were consistent.

Appropriate systems were not in place to ensure that all relevant information about residents was provided to the centre. Staff told inspectors that information about the resident, for example, in relation to wound dressings, specialised diets or specialised seating aids was received verbally from relatives or carers. Robust systems whereby specific instructions from medical, nursing or allied health professionals are documented and implemented are required to ensure continuity of care and that appropriate care interventions are delivered to residents. Inspectors noted an occasion whereby a residents' skin integrity had been compromised because information from an occupational therapist relating to the use of correct seating had not been received by
the centre.

There was a nutrition and hydration policy in place that was up-to-date. Inspectors reviewed a file for a resident with special dietary needs. Although a nutritional assessment had not been completed for that resident, one was completed before the end of the inspection.

Residents' social care needs were being met in the centre. A person-centered assessment was in place for each resident that provided information about the residents' likes, dislikes and preferences. There were some inconsistencies in relation to how this document was completed but good examples were viewed by inspectors. Staff told inspectors that they knew many residents previously from day services and staff displayed a very good knowledge of residents' individual likes, dislikes and preferences.

There was a weekly activities schedule displayed and inspectors observed activities and therapies taking place that were meaningful and also specific to the needs of people living with dementia. The weekly activity schedule included reminiscence therapy, Sonas (a specific therapeutic activity programme), cognitive stimulation therapy, baking, live music, arts and crafts and bingo. Staff had specific training in cognitive stimulation therapy and Sonas and staff were observed engaging in reminiscence therapy, singing to enhance communication and running sessions that aided memory.

### Outcome 12: Safe and Suitable Premises

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Minor

**Findings:**
Overall, the premises was suitable for its stated purpose. The centre was safe, comfortable and homely and incorporated design principles that reflected best practice for dementia care. Inspectors however identified a number of areas that required improvement relating to access and privacy.

The physical design of the premises overall met the specific needs of residents living with dementia. The building was attractive, comfortable, well-maintained and domestic in character. There was adequate communal and private accommodation. Communal areas provided a pleasant and calm atmosphere. Rooms were spacious, well-decorated and suitable for the residents' needs.
Overall, the physical environment was designed in a way that was consistent with the design principles of dementia-specific care units. The centre was divided into areas that resembled rooms found in an average domestic dwelling, and there were separate sitting, recreational and dining rooms. A relaxation room, which included an oratory, was also provided. Families were encouraged to bring in personal items for their relatives.

Colour, lighting and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were brightly coloured and colour and signage was used to assist residents to locate toilet facilities independently.

However, the layout did not always encourage independence and there was insufficient signage throughout the centre to aid independence. Inspectors observed that closed fire doors throughout the centre hindered the ability of residents to walk about freely inside the centre. This was addressed during the inspection as fire doors were capable of being held open safely by fitted mechanisms.

There was a safe outdoor space in the form of a courtyard with a centre water feature and different flowers and plants. Inspectors observed that access to this space was restricted by electronic means. As a result, the safe outdoor area was not readily accessible by residents.

The garden was safe and secure so that residents could safely walk outside. The provider showed inspectors plans to develop the space into a cognitive stimulation garden.

There was CCTV in place in the main corridor, reception and exterior areas that was appropriately used for security purposes. Signage indicating the use of CCTV was erected by the provider during inspection after inspectors brought it to his attention.

Residents bedrooms were spacious and well-maintained and all were en-suite. There were ceiling tracker hoists in two bedrooms for more dependent residents. Each bedroom had a specialised bed, with lockable storage, a call bell, television, DVD and radio. There was a separate bathroom with an assisted bath. Anti-scalding checks were completed and documented by a competent person. There were sufficient toilets throughout the centre.

Inspectors spoke with staff who said that residents can go outside if they choose to do so, and that staff accompany them at such times. However, inspectors observed a resident who went outside and was brought back inside by staff. Inspectors reviewed the resident's file and risk assessments indicated the resident was at low risk of falls and low risk of wandering. No satisfactory explanation was provided for this inconsistency in practice.

There was appropriate equipment provided to meet the residents' needs including ceiling tracker hoists, an assisted bath and height-adjustable beds. Inspectors viewed servicing records for equipment necessary for the moving and handling of residents. Inspectors viewed other servicing records, including for fixed electrical installations, portable appliances, profiling beds and hoists. All were serviced annually by a competent person.
There was ample space for the storage of equipment. The sluice room was secure and well-equipped. Laundry facilities were small but adequate. Suitable arrangements were in place for the supply of clean bed linen and towels.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**  
Person-centred care and support

**Judgement:**  
Non Compliant - Moderate

**Findings:**  
There were arrangements in place to deal with complaints in the centre. However, improvements were required in relation to the complaints policy, procedure and log.

There was a complaints policy in place that was up-to-date. The provider nominee was the designated complaints officer. A copy of the complaints policy was sent out to residents prior to admission. However, there was no independent nominated person to monitor complaints, as required by the Regulations.

The complaints procedure was prominently displayed. The complaints procedure took the form of a flow chart diagram but it was not very clear. For instance, it was not clear how to make a complaint, the name of the designated complaints officer was not provided and the details of the appeals process were not provided.

A complaints log was maintained and any complaints received had been recorded. However, the complaints log did not detail the outcome of each complaint and whether or not the resident was satisfied with the outcome, as required by the Regulations.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**  
Person-centred care and support

**Judgement:**  
Non Compliant - Minor
**Findings:**
The inspectors were satisfied that care practices were in place so that residents could receive end of life care in a way that met their needs and wishes and respected their dignity. However, improvements were required in relation to care planning.

There was an end of life policy in place from the Alzheimer Society of Ireland, which contained information in relation to meeting the needs of residents living with Alzheimer's/Dementia at the end of their lives. However, the policy was not centre-specific as it did not outline the arrangements in place in the centre for delivering end of life care. This has been included in the actions required under Outcome 4: Records and Documentation to be kept at a designated centre.

End of life care needs were included in the assessment of needs of each resident on admission, although the collation of such information was inconsistent and in some cases, minimal. The person in charge described the care practices in place to meet the needs of residents at the end of their lives. Although such care practices met the needs of residents, care plans did not direct this care, which is necessary to ensure that individual residents' end of life care needs are met in a consistent way. This has been included in the actions required under Outcome 11: Health and Social Care Needs.

The person in care had completed further training in palliative care. A number of staff nurses had also completed palliative care training.

Staff confirmed that support and advice was available from the local hospice team. Facilities were in place to accommodate family and friends and carers if required. Religious sacraments were available to all residents as desired.

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**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

**Findings:**
Inspectors were satisfied that residents were provided with a nutritious and varied diet.

The quality, choice and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were met.

The dining room was bright and spacious with attractive table settings. Separate kitchen facilities were provided in line with dementia-specific principles. A fridge and presses with clear panels were provided so that residents could access drinks and snacks.
Inspectors observed the dining experience and noted it to be a pleasant one. The atmosphere during dinner was relaxed and unhurried. Staff and residents chatted in conversation over meals. Residents were provided with choice at meal-times and residents were discreetly reminded about what was on the menu at different stages throughout the meal. Inspectors spoke with residents who said that they enjoyed the meal.

Dementia-specific principles were incorporated into meal-times, for example, brightly coloured plates and bowls were used to aid residents to distinguish foods and aid visual and other difficulties.

The inspectors spoke with the chef on duty, who was knowledgeable regarding residents’ special diets, likes and dislikes. The chef explained that home baking took place in the oven in the dining area to provide sensory (olfactory) stimulation to residents. Menus were displayed in the dining room and choice was offered at every meal. The menu was designed every two weeks and incorporated the preferences of residents booked in to the service for that period. A selection of home-baked foods, home-made soups, fresh fruit and fresh vegetables were included.

Hot drinks and snacks were offered throughout the day. Water dispensers and fresh fruit in bowls were available in the day areas. Staff were observed offering and encouraging drinks throughout the day.

### Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

**Theme:**
Person-centred care and support

**Judgement:**
Non Compliant - Moderate

**Findings:**
Inspectors found that overall the rights and dignity of residents were well maintained. Improvement was required in relation to maintaining privacy in residents' bedrooms.

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. Residents spoken to praised the staff stating that they were kind and treated them with respect. Inspectors spoke with a relative who said that the residents were treated in a dignified way and their independence was maximised.
Inspectors observed that there was a glass rectangular panel on each bedroom door which was strategically located to align with a night-light. Although the provider explained that this was based on evidence-based dementia-specific principles to aid orientation and safety at night, the design had been applied throughout the centre and assessments had not been completed that considered individual residents' choice or need for differing levels of night-time supervision or how privacy during the day might be maintained.

Staff outlined to inspectors a range of ways in which links were developed with the local community, for example, the centre had recently run an art competition to raise dementia awareness among local secondary school pupils and local art work was displayed on the walls.

Residents with dementia were involved in a number of committees including a 'dementia-friendly committee' and a 'Waterman's Garden Committee'.

Satisfaction surveys had been completed by residents and their relatives and responses had been considered and analysed. Overall, feedback was very positive. Improvements had been brought about as a result of the surveys including improved communication, for example, a new information booklet for families and improved reporting to families when residents were going home had been implemented.

There was an open visiting policy in the centre and residents were facilitated to receive visitors in private. Celebrations took place at times like Christmas, St. Patrick’s Day and for residents’ birthdays.

Residents’ religious and political rights were facilitated and a recent addition to the centre was the creation of an oratory/reflective room. Residents were supported to attend religious ceremonies of their choice and to attend local polling centres.

Daily national and weekly local newspapers were available to residents. Radios were available in the bedrooms. Residents had access to a computer and other electronic devices.

**Outcome 17: Residents clothing and personal property and possessions**

> Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor
**Findings:**
There were appropriate arrangements in place for the management of residents' clothing, personal property and possessions. Improvements were required in relation to providing adequate facilities for residents to wash, dry and iron their own clothes should they so wish to do so.

Adequate personal storage space including a wardrobe and chest of drawers and lockable bedside locker was provided in each residents’ bedroom.

There was a laundry room with ironing facilities that was small but provided sufficient space for the number of residents in the centre. However, although facilities were available to launder residents' clothes, this was not encouraged. A discreet labelling system was in place to ensure for all residents clothing.

The centre had a policy on abuse that was comprehensive and informative. There was also a policy on the management of residents' property and valuables. A property checklist was completed on admission for each residents and was contained in each residents' file and signed by the resident and/or relative.

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**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Compliant

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**Findings:**
There were appropriate staff numbers and skills mix in the centre during the inspection to meet the needs of the five residents availing of respite care.

There was an actual and planned staff roster in place. Staffing rosters viewed and staff spoken with confirmed that the person in charge brought in extra staff when there was a change in residents’ needs.

The inspectors were satisfied that safe recruitment processes were in place, however, the recruitment policy was outside of its review date.

There was a robust system in place for managing volunteers and all volunteers had received vetting by An Garda Síochána. Volunteers did not take part in any activities of daily living or the provision of intimate care and operated only under supervision. Roles and responsibilities of volunteers were clear. Volunteers were involved in training
provided to other staff in the centre.

Inspectors reviewed a sample of staff files and found that the files reviewed contained all the documentation as required by the Regulations.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended training in elder abuse, non-crisis prevention intervention, cognitive stimulation therapy, wander-walking, wound assessment, caring for carers, cardio-pulmonary resuscitation (CPR) and venepuncture. All carers had completed healthcare support training or were in the process of completing such training.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Julie Hennessy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Waterman's Lodge</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000708</td>
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<tr>
<td>Date of inspection:</td>
<td>01/04/2014</td>
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<td>Date of response:</td>
<td>20/05/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not adequately address all of the matters listed in Schedule 1 of the Regulations in that it was not fully reflective of practice and it did not clearly describe the arrangements in place for dealing with complaints.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
The Statement of purpose has been updated and clearly describes the arrangements in place for dealing with complaints. The statement of purpose has been amended to state that care plans are completed within 48 hours of admission. A copy of the statement of purpose is being sent with this report.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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<th><strong>Proposed Timescale:</strong> 03/04/2014</th>
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**Outcome 02: Contract for the Provision of Services**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care did not include the services to be provided or fees to be charged.

**Action Required:**
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:
The contract of care has been updated and includes the services to be provided for the resident and the fees to be charged.
A copy of the contract of care will be sent with this report.

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<th><strong>Proposed Timescale:</strong> 03/04/2014</th>
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**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a residents' guide in place but it did not include a summary of the complaints procedure, nor did it include terms and conditions in respect of accommodation to be provided for residents.

**Action Required:**
Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

Please state the actions you have taken or are planning to take:
The residents guide will be updated and will include a summary of the complaints procedure and the terms and conditions in respect of accommodation to be provided for residents.

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<tr>
<th><strong>Proposed Timescale:</strong> 02/06/2014</th>
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**Theme:** Leadership, Governance and Management

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The register of residents did not contain all of the information required under Schedule 3 paragraph (3) of the Regulations.

**Action Required:**
Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

**Please state the actions you have taken or are planning to take:**
The register of residents has been updated and contains all of the information required under Schedule 3 paragraph (3) of the regulations.

**Proposed Timescale:** 03/04/2014

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**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The insurance policy did not cover the liability not exceeding €1000 against loss of damage to any one item.

**Action Required:**
Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

**Please state the actions you have taken or are planning to take:**
The insurance policy has been updated and includes cover of liability not exceeding €1000 against loss of damage to any one item.

**Proposed Timescale:** 03/04/2014

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**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all policies were up to date or centre-specific, for example, the recruitment policy and infection control policies were outside of their review dates, the infection control policy was not sufficient to guide staff and the medication management and end-of-life policies were not centre-specific.

**Action Required:**
Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector
Please state the actions you have taken or are planning to take:
The recruitment policy and infection control policy have been reviewed. The infection control policy been examined and is now centre specific and guides staff in the event of influenza, sharps management and the management of potentially contaminated laundry.

Proposed Timescale: 03/04/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All measures necessary to prevent accidents or injury had not been taken, for example, risk assessments did not provide adequate guidance for staff and care plans did not always contain adequate care interventions to manage risk.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
Fire safety training has taken place on the 12th May 2014. A second training session is due to take place in early June to capture staff that were unable to attend May session. Daily fire safety checks are recorded in the fire log book. All staff have received training on carrying out these checks.
The following risk assessments:
• assault & injury,
• unexpected absences of residents
• Infection Control
• Responsive Behaviour have now been completed.
The Health & Safety officer will provide risk assessment training to Nurses on the 28th May.
All nurses will receive training on writing care plans and the importance of appropriate care interventions will be addressed at this training.

Proposed Timescale: 30/06/2014
Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate and suitable practices and written policies were not fully in place, for example; a non-prescribed medication was administered, policies were not centre-specific, a medication administered was not labelled and a medication was administered at a time different to that on the prescribed order.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
All nurses will receive medication management training as approved by An Board Altranais in early June. Since inspection additional staff training, increased supervision and skill assessment has been introduced at the centre.
The medication policy has been reviewed and now provides guidance to staff on ordering, prescribing, storing and administration of medication to residents.
A list of crushable medications is located on the drug trolley.
The relevant medication prescription chart has been reviewed and now reflects appropriate times for the dispensing of medication.
Families are advised to send in all medications in original packaging which is also stated in our residents guide. The importance of sending in all medications in original packaging has been explained to family members and staff will check all medications are in original packing on admission of each resident.
All nurses will have attend education on our medication policy and will receive a soft copy of same. A link nurse has been nominated to audit medication management at regular intervals. The person – in -charge will be responsible for implementation of an action plan following the audits.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of medications returned to pharmacy was not being kept.

Action Required:
Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.
Please state the actions you have taken or are planning to take:
A record of medications returned to pharmacy is being kept in a corresponding log book.

Proposed Timescale: 03/04/2014

Outcome 10: Reviewing and improving the quality and safety of care
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some critical areas were not subject to audit and analysis of information gathered was not always completed.

Action Required:
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Please state the actions you have taken or are planning to take:
The person in charge will be responsible for conducting regular audits of care plans, medication management and falls. Analysis of trends will be conducted and communicated to all staff. The person in charge will introduce a system where by individual nurses will have responsibility for conducting audits and communicating information to staff. The person in charge will undertake a study day on auditing on the 25th June.

Proposed Timescale: 30/06/2014

Outcome 11: Health and Social Care Needs
Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans did not provide sufficient guidance for staff, for example, in relation to intimate care, end of life care, communication, dietary needs or wandering with purpose.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All nurses will receive training on care plan writing. Care Plans will reflect resident’s specific needs and will guide staff to ensure consistent practice. Since inspection, a system has been introduced (on admission and discharge) which captures communication with members of the primary care team and ensures continuation of
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate systems were not in place that ensured that all relevant information about the resident was provided to the centre.

Action Required:
Under Regulation 29 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, obtain all relevant information about the resident from the other designated centre, hospital or other place.

Please state the actions you have taken or are planning to take:
Since inspection the centre has reviewed admission and discharge documentation, a system has been introduced where by all new referrals to the centre are assessed in relation to input of members of the primary care team. On discharge the relevant member of the primary carry team is contacted and a progress report given. If during admission the need for the introduction of a primary care team member is required the relevant referral form is then completed e.g. Public health nurse.

Proposed Timescale: 03/04/2014

Outcome 12: Safe and Suitable Premises

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Suitable arrangements were not in place to ensure residents' could access the internal courtyard and outdoor grounds, as appropriate and following risk assessment.

Action Required:
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:
The internal courtyard is accessible to all residents, electronic means have been disabled. Residents have access to outdoor grounds as appropriate following completion of a risk assessment.

Proposed Timescale: 03/04/2014
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<th><strong>Outcome 13: Complaints procedures</strong></th>
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<td><strong>Theme:</strong> Person-centred care and support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no independent nominated person to monitor complaints.

**Action Required:**
Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

**Please state the actions you have taken or are planning to take:**
A nominated independent person is now in place to monitor complaints.

**Proposed Timescale:** 03/04/2014

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<th><strong>Theme:</strong> Person-centred care and support</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no record of the outcome of each complaint and whether or not the resident was satisfied with the outcome.

**Action Required:**
Under Regulation 39 (8) you are required to: Inform complainants promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
All complaints now have a record of outcome and resident satisfaction documented accordingly.

**Proposed Timescale:** 03/04/2014

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<th><strong>Theme:</strong> Person-centred care and support</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy was not clear and it did not specify the independent nominated person to monitor complaints, as required by the Regulations. Also, the complaints procedure was not clear, for instance it was not clear how to make a complaint, to whom and it did not contain details of the appeals process.

**Action Required:**
Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.
Please state the actions you have taken or are planning to take:
The complaint policy has been reviewed, and identifies clearly how to make a complaint and to whom the designated complaints officer is. Details of the appeals process are now included in the complaint policy.

**Proposed Timescale:** 03/04/2014

### Outcome 16: Residents Rights, Dignity and Consultation

**Theme:** Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Adequate consideration had not been given to ensure privacy in residents' bedrooms.

**Action Required:**
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
All bedroom doors will have curtains placed over the glass rectangular panel on each bedroom door to ensure privacy.

**Proposed Timescale:** 09/06/2014

### Outcome 17: Residents clothing and personal property and possessions

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Arrangements were not in place for residents to launder their own clothes should they wish to do so.

**Action Required:**
Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

**Please state the actions you have taken or are planning to take:**
Arrangements are now in place for residents to wash, dry and iron their own clothes if they so wish.

**Proposed Timescale:** 03/04/2014