# Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Boyne View House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000532</td>
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<tr>
<td>Centre address:</td>
<td>Dublin Road, Drogheda, Louth.</td>
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<tr>
<td>Telephone number:</td>
<td>041 989 3288</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:seamus.mccaul@hse.ie">seamus.mccaul@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Maura Ward</td>
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<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
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<tr>
<td>Support inspector(s):</td>
<td>Philip Daughen;</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>2</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 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 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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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<tr>
<td>09 March 2015 11:00</td>
<td>09 March 2015 20:00</td>
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<tr>
<td>10 March 2015 10:30</td>
<td>10 March 2015 18:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
<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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Summary of findings from this inspection
The centre was registered on the 18 May 2012 to accommodate 26 residents who have a diagnosis of dementia. In total, 21 residents are accommodated for long-term care and provision is made for 5 residents to receive respite care.

This inspection was carried out to inform a registration renewal decision. Prior to the inspection the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.
The fitness of the provider was determined through ongoing regulatory work, including inspection of the centre and compliance with matters arising from inspections.

The person in charge was determined by interview during the previous registration inspection and subsequent inspection of the centre.

Inspectors found that staff involved in the management of the centre were knowledgeable of the legislation and standards and staff of various grades were aware of the organisational structure of the centre.

Matters arising from the previous follow up inspection (13 actions) carried out on 24 September 2014 were satisfactorily addressed. Primarily these related to end of life care and food and nutrition.

Residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the services and care provided. They were complimentary about the care and support provided by staff and management, meals provided and the attention by staff to residents’ personal belongings. A respondent considered that "more staff would take the pressure of the existing staff group". However, from an examination of the staff rosters, communication with staff on duty and visitors to the centre the inspectors could not concur with this viewpoint. Inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The person in charge confirmed that he had authority to engage additional staff if this was considered necessary. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. However some staff had not participated in training regarding challenging behaviour.

The experiences of residents were monitored to enhance the quality of care provided. They had good access to nursing, medical and allied health care and the administration of medicines was satisfactory.

Residents’ assessed needs and arrangements to meet these assessed needs were set out in individual plans and a respondent who completed a questionnaire confirmed that the care plan was drawn up in consultation with the family, who were acting on behalf of the resident and the staff nurse.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre. The inspectors observed that residents had opportunities to participate in activities, appropriate to their interests and capacities.

In general, the health and safety of residents, visitors and staff were promoted and protected, however, risk management measures and in particular fire safety issues were identified.

The design of the centre was not suitable to meet the needs of all of the residents. While there are 15 single bedrooms they are of a suitable size (usable floor space
ranged from 7.5 m² to 9 m²). They did not safely accommodate residents' mobility needs as all of the residents being accommodated in the single rooms are assessed as having maximum dependency and require the assistance of 2 staff and require mobility aids including the use of a hoist (for some residents) to mobilise.

Some of the toilet facilities for example "cubicle style" did not meet the needs of residents who required assistance of staff or those using mobility aids.

The communal accommodation for residents was inadequate as the dining room accommodated only 12 residents (on the day of the inspection) and the quiet room had to be used as an additional dining space. While the additional dining space provided a good dining experience for residents it prevented other residents from using the space as it was originally intended.

Since the initial registration of the centre (May 2012) the Authority had communicated with the provider and outlined the necessity to ensure that the premises of the designated centre was in compliance with the legislation prior to renewal of registration (May 2015). In the event that there remained any breaches of the legislation regarding the suitability of the premises, the Chief Inspector was to be provided with an approved costed proposal of the action to be taken with a definitive time frame for completion of all works.

To date, the Authority has not received any such proposal.

The centre remains in major non-compliance with the Health 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, particularly in relation to the suitability of the premises for the residents being accommodated and risk management.
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 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:
Governance, Leadership and Management

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

Findings:
There was a written statement of purpose which detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. It had been reviewed and updated and was available to the inspectors prior to and during the inspection. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details
responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. Aspects were then highlighted for further improvement, such as training for staff in promoting good quality end of life care. A copy of the annual review was given to the inspectors and there was evidence that residents’ and relatives’ views were considered.

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services and care provided with the exception of, a respondent who considered that more staff would take the pressure of the existing staff members. The inspectors did not have evidence to corroborate this viewpoint as staff on duty confirmed that staffing levels were adequate and the person in charge told the inspectors that he had the authority to engage additional staff as necessary.

It was impossible to ascertain whether there are sufficient resources to ensure the effective safe delivery of care, because aspects of the design and layout of the premises do not meet the needs of residents, (see outcome 12) however to date no action has been taken to improve this situation for residents and the Authority has not received an approved costed proposal of the action to be taken with a definitive time frame for completion of improvement/refurbishment.

Judgment:
Non Compliant - Major

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
A guide in respect of the centre was made available to residents and a copy provided for the Authority.

Inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided and the fees charged.
Judgment:
Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

He is a registered general and mental health nurse and has experience of working with older persons. He works full time. During the inspection he demonstrated that he had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. He is supported in his role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to him and he in turn to the registered provider.

The person in charge and the staff team had facilitated the inspection process by providing documents and had good knowledge of residents’ care and conditions. Staff confirmed that good communications exist within the staff team.

Judgment:
Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors found that the following records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example:

- Documents to be held in respect of members of staff.
- Individual assessments and care plans for residents.
- The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
- There were records of the food provided and visitors to the centre.
- The directory of residents included all the information specified in Schedule 3
- The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.

However records pertaining to the fire safety were not maintained in a satisfactory manner. See outcome 8 for details.

**Judgment:**
Non Compliant - Minor

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**Outcome 06: 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:**
Governance, Leadership and Management

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

**Findings:**
The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence. The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing and has extensive experience of providing care to older people and deputising when the person in charge was not available.

**Judgment:**
Compliant
Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents’ safety with the installation of key pad door locks and hand rails in all the corridors. Some residents during interviews confirmed that they felt safe. An enclosed safe outdoor space with seating was accessible to the residents.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:
Safe care and support

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

Findings:
While there was a risk management policy inspectors did not see an adequate risk register or similar document recording the identification of hazards, assessment of risk and implementation of control measures throughout the centre.
There was no wheelchair accessibility at the front entrance to the designated centre.

Inspectors saw that the electrical wiring in the boiler house has been identified as a risk and while this matter has been escalated to senior management, it has not yet been addressed.

Infection control practices, were not in accordance with best practice as the storage of cleaning materials and a clean laundry trolley were stored in a sluice room. The drainage outlet in a shower room was not clean.

A respondent who completed a questionnaire considered that the overall cleanliness of the centre to be of a high standard, however, more attention needed to be paid to toilet roll holders and door handles.

Inspectors found the centre had an adequate number of escape routes. The centre was divided up into separate fire compartments with fire doors and fire resistant construction to provide adequate means of escape to areas of relative safety for residents and staff in the event of a phased evacuation of the centre. However, there were a number of fire doors within each fire compartment which had not been provided with self closers, including bedroom and storeroom doors.

A kitchen was not enclosed in fire resistant construction, however, it was only used for basic food preparation and reheating of food.

With regard to fire safety precautions the Authority received from a suitably qualified person with experience in fire safety design written confirmation that the centre was inspected on the 14 November 2014 and it was considered that the centre was substantially in compliance with all the statutory requirements relating to the fire authority, fire safety and building control.

The inspectors found that key locks were on the two final exits to the rear of the premises. These two final exits required different keys, and although there was a key for each in a break glass unit provided adjacent to the door the staff did not carry the keys on their person. Both final exits to the rear had a step down outside beyond the doors and there was no ramp provided.

A fire detection and alarm system, fire extinguishers and emergency lighting system were provided throughout the centre. However, an examination of service records for the emergency lighting system indicated that remedial work was required to be carried out. It was not clear if this remedial work had been carried out.

The written procedures regarding a phased evacuation in the event of an emergency (where the centre is evacuated on a fire compartment by fire compartment basis), were generic and insufficiently detailed to guide staff. See Outcome 5 for action plan

A review of residents' personal emergency evacuation plans showed that the evacuation needs of residents were insufficiently detailed.
Inspectors found that when staff were questioned, the level of knowledge with respect to fire and evacuation procedures was variable with some staff displaying comprehensive knowledge of same but others staff displaying incomplete knowledge of the relevant procedures.

While there were fire drill records available there was no record of fire drills simulating night time conditions in the centre. Therefore the registered provider was unable to demonstrate the adequacy or otherwise of arrangements in place in the event of a fire during the night in the centre.

All of the residents beds were provided with evacuation sheets.

Inspectors found generally that records for maintenance, training and fire drills relating to fire, while generally complete, were recorded in an ad hoc manner that made it difficult to determine if all necessary maintenance, training and fire drills had been carried out. See Outcome 5 for action plan

Judgment:
Non Compliant - Major

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents’ medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents’ medicines on a regular basis. The inspectors were informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.
### Outcome 10: 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

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

**Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The centre provides care primarily for residents with dementia. A respondent informed the Authority in a completed questionnaire that the relative’s life expectancy on admission to the centre was limited, however, this has not been the case, due primarily “to the care and attention received from staff”.

A respondent commented that the relative in conjunction with the staff nurse on behalf of the resident collated the personal care plan. From an examination of a sample of residents’ care plans, discussions with residents,
relatives and staff the inspectors were satisfied that in the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores. The care plans were up-to-date and had been audited.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and specialists in wound care.

Social care planning was undertaken by the staff team and inspectors were informed that an activity coordinator will be recruited to complement the staff team. The inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspectors highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television. Inspectors saw the majority of residents participating in an exercise programme and a singsong session.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident’s relative, the general practitioner and the nurse in charge. Reviews of restraint measures were evident.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The actions required from the previous inspection related to the inadequacy of the communal accommodation for residents, particularly, the dining room and therefore the dining experiences of residents. Although the designated dining room still cannot accommodate 26 residents at one sitting, management and staff had successfully
implemented short-term measures for compensating for the inadequacy of the dining room. These included two sittings in the dining room, using the quiet room for residents who required one-to-one staff to assist them during the meals and serving meals to some residents in their own bedrooms. The inspectors saw that the dining room accommodated only 12 residents (on the day of the inspection) and while the additional dining space provided a good dining experience for residents it prevented other residents from using the space for which it was originally intended.

The design of the centre was not suitable to meet the needs of all of the residents. There are 15 single bedrooms, however, they are not of a suitable size. The gross floor area of these rooms ranged from 7.5 m² to 9 m². This did not safely accommodate residents' mobility needs as all of the residents being accommodated in the single rooms are assessed as having maximum dependency and require the assistance of 2 staff and require mobility aids including the use of a hoist (for some residents) to mobilise.

Residents' private bedroom space did not include any ensuite facilities, however, communal toilet, bath and shower facilities were distributed throughout the centre. Some of the toilet facilities for example "cubicle style" (adjacent to the dining room) did not meet the needs of residents who required assistance of staff or those using mobility aids. The inspectors observed that in some instances the equipment such as shower screens were in a poor state of repair.

There are 5 twin rooms and these rooms are spacious (usable floor space of 25.90 m² to 26.07 m²). See Outcome 16 regarding privacy in these rooms.

There were 2 spacious bedrooms used for end of life care.

The design and layout of the centre meant that circulation through the building required walking through the living or dining spaces to access resident's bedrooms and the visitors' facilities. See Outcome 16 for the action plan.

The centre was provided with a commercial kitchen although the kitchen was only used for basic food preparation activities as most hot food was brought in fully prepared and only requiring reheating.

Inspectors noted the provision of an adequately equipped sluice room in the centre.

The inspectors observed that there was a safe outdoor space with seating accessible to residents in the form of an internal courtyard. The courtyard was noted by inspectors to be safe, tidy and landscaped.

Service contracts were in place for the maintenance of all assistive equipment provided in the centre.

**Judgment:**
Non Compliant - Major
**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

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

**Findings:**  
There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The inspectors examined the complaints record and this showed that of the complaints investigated there were details and an outcome for the complainant.

**Judgment:**  
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
End of life care was person centred and respected the values and preferences of individual residents.

In communication with the inspectors staff described the policy and protocols in place for the end of life care.

The inspectors found that residents due to primarily to their dementia did not communicate regarding this aspect of their care, however, there was good evidence of relatives’ involvement in a resident’s care plan who was assessed as nearing end of life. The information identified in this care plan entitled “My Preferred Priorities for Care” was detailed and informative.
Care planning assessments related to the resident’s physical, emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking, MUST screening and pain management were available.

There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner and out of hours service, the use of subcutaneous infusions and oral antibiotics.

End of life care is provided (in as far as practicable) in a single room, of which there are 2 in the designated centre and staff told the inspectors that families are supported to stay during the day and overnight as a reclining chair was made available and facilities to have food and refreshments.

Judgment:
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
During the previous inspection there were a number of the issues raised regarding the presentation, serving and availability of staff to assist residents to have their meals. The inspectors saw that these matters were addressed as they observed the serving of the lunch and evening tea meals.

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals. There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided.

Since the last inspection a quiet dining space had been developed in addition to the main dining room for those residents who required extra support. See Outcome 12 for details. The inspectors heard that residents had benefited from this development including an improved appetite.

The main dining room had been de-cluttered and the atmosphere was quiet and
conducive to a good quality dining experience.

The training record showed that staff had been trained in good nutrition in the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records. Staff members confirmed that there was good communication between catering and care staff so as to ensure appropriate meals which met residents’ needs were served.

Documentation in the residents' care plans examined by the inspectors showed that residents were weighed on a monthly basis and appropriate action taken as necessary. The policy on food, nutrition and hydration management had been updated. This was detailed and staff were aware of its content.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences, including residents’ eating habits. This information was shared with the catering staff. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

A notice board in the dining room displayed the menu for the day. This highlighted all the choices.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

Matters arising from environmental health inspection reports and identified in correspondence to the person in charge on 5 January 2015 had been satisfactorily actioned.

**Judgment:**
Compliant

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**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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A formal consultation process had not been set up for residents primarily due to their health care needs, however, a relative’s forum had been established and an advocacy
service was available to residents.

The inspectors saw that residents' privacy and dignity was respected as residents could receive visitors in private and personal care could be provided in their residents' bedrooms. However in the twin rooms it was noted that residents’ wardrobes were placed outside of the curtain screening which was positioned between the beds. This may compromise residents' privacy when dressing. Also a ceiling hoist in a twin room did not allow the curtain screening to be fully closed.

The design and layout of the centre meant that circulation through the building required walking through the living or dining rooms to access residents' bedrooms and the visitors' facilities.

Some twin rooms shared a centrally located toilet facility. As this was accessible from both of the twin rooms through separate doors additional safeguards for example signage had not been put in place to ensure the privacy of a resident from either of the twin rooms using the toilet.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening.

Social care planning was undertaken by the staff team and inspectors were informed that an activity coordinator will be recruited to complement the staff team. The inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspectors highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television. Inspectors saw the majority of residents participating in an exercise programme and a singsong session.

Relatives informed the inspector of the importance of the centre in the community and when visitors came to see their relatives, they also visited other residents whom they knew from the local community.

Judgment:
Substantially Compliant

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

Findings:
There was a policy on residents’ personal property and possessions.

The inspectors saw that in the majority of the bedrooms there was inadequate space for residents’ personal possessions. Primarily this was due to having locker style wardrobes which had limited hanging space for residents' holding. In some wardrobes, it was not possible to fully close the wardrobe door. See outcome 12 for action plan.

A record was kept of residents’ personal property. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents, however, the majority of relatives took residents personal laundry home to be laundered.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
From an examination of the staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Management had been working hard to reduce the number of agency staff working in the centre and were conscience of when it was necessary to use agency staff that they must be familiar with the residents and practices within the centre. Some core staff worked additional hours to cover shortfalls in the staff roster. Recently within the service, recruitment has taken place for health care assistants and the designated centre will be able to avail of staff from this group.

The person in charge confirmed that he had the authority to request core staff to work
additional hours in the event of an emergency situation for example if residents’ health condition was deteriorating. This was confirmed by the provider during the post inspection review.

In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge. The inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.

Currently a training needs assessment is being conducted to determine training requirements. Inspectors found evidence of staff participating in induction and ongoing training. In the main, staff had opportunities to access education and training to meet the needs of residents with the exception of training in infection-control and challenging behaviour.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Boyne View House
Centre ID: OSV-0000532
Date of inspection: 09/03/2015
Date of response: 26/05/2015

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was impossible to ascertain whether there are sufficient resources to ensure the effective safe delivery of care, because aspects of the design and layout of the premises do not meet the needs of residents, (see outcome 12) however to date no action has been taken to improve this situation for residents and the Authority has not received an approved costed proposal of the action to be taken with a definitive time frame for completion of improvement/refurbishment.

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The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
We confirm that a design team is currently being appointed to develop a phased solution that will ultimately provide 100 beds on the grounds of Boyne View and St Mary's site, which will include a mixture of refurbished and new accommodation. The scheme will accommodate all existing residents for those residing in Boyne View House, in addition to providing new beds. The project has been approved and is included on the HSE’s Capital Plan and funding is in place to progress the initial phase of this project.

It is not possible to provide detailed plans for the new Unit as we are currently in the process of completing the engagement of a design team to progress the works, We confirm that a Design Brief and a Schedule of accommodation have been prepared and letters have been issued to all members of the HSE’s Design Team Framework, which has triggered commencement of the Design Team engagement. The project programme has been forwarded to the Authority and shows a projected construction commencement date of January 2017 subject to no delays to planning or approvals processes.

**Proposed Timescale:** Has commenced. Immediately and ongoing. Proposed commencement date 31 January 2017

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**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The written policy/procedures in respect of a phased evacuation in the event of an emergency, were generic and insufficiently detailed to guide staff.

**Action Required:**
Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

**Please state the actions you have taken or are planning to take:**
A new template for evacuations has now been obtained. This will now clearly demonstrate to all staff the evacuation procedures in relation to compartmentalisation that is required under regulations. This will be used in conjunction with the residents personal egress plans.

**Proposed Timescale:** 26/05/2015
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records in relation to fire safety were not maintained as per schedule 4.

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

Please state the actions you have taken or are planning to take:
All Records in relation to Fire Safety are now checked to ensure that no action plan from any fire safety inspection is not omitted. Following this inspection we followed up on the comment in the fire safety checklist. The company accepts that this was an error as they were not the company who installed the emergency lighting. However we fully respect that the comment as written should have been noted and actioned upon.

Proposed Timescale: 09/05/2015

Outcome 08: 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:
Documentation to demonstrate the on-going identification of hazards and assessment of risks throughout the designated centre was not available.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
AN electronic risk register has now been established and is maintained ongoing. The risk register examines in detail all areas that pose a risk to residents welfare and safety and specifically those risks outlined under 26 (1) of the Care and Welfare Regulations 2013. This allows for the ongoing identification of risks and measures to control those risks on an ongoing basis as opposed to a paper form of risk assessment.

Proposed Timescale: 09/05/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Documentation did not demonstrate the implementation and on-going assessment as to the effectiveness of control measures in place to control risks in the centre as the following has not been addressed: –
- There was no wheelchair accessibility at the front entrance of the designated centre.
- Electrical wiring in the boiler house had been identified as a risk and while this matter has been escalated to senior management, it has not yet actioned.

**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 electrician has now given a full costing of the electrical works in this area, and this will be actioned immediately.
Wheelchair access is provided at the front of the building. However we will reassess same to ensure compliance with disability requirements

**Proposed Timescale:** 30/06/2015

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Cleaning materials and laundry were inappropriately stored in a sluice room.

**Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
We will ensure that all chemicals are securely stored properly in a locked press.
We have also placed the equipment used for the collection and storage of laundry in a more suitable location

**Proposed Timescale:** 09/05/2015

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was found that one of the shower rooms was not clean and the drain required cleaning out.

**Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
This area has now been completely cleaned and will be inspected regularly to ensure that shower doors and drainage outlets are fully cleaned. This has been brought to the attention of all staff and particularly household staff. Each of these areas will also as at present be inspected to ensure proper documentation of the cleaning schedules.

**Proposed Timescale:** 09/05/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Many of the fire doors, including bedroom doors and store room doors had not been provided with self closers.

**Action Required:**
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
We have been in contact with the Fire Safety Department within Estates and will ensure that self closers are provided on all doors including bedroom doors and store rooms. An audit has been completed on all doors without closures and the most immediate will be prioritised in terms of installation.

**Proposed Timescale:** 30/07/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The rear fire exits were not easy to open in the event of an emergency, in that while keys had been provided in break glass units adjacent to the fire exit, not all staff carried the key for these doors on their person and the two exits both required different keys.

**Action Required:**
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
The locks on both these doors are now being changed so that the same key opens both doors. Enough keys for all staff members will be made available to ensure that all staff members have access to keys while they are on duty.
Proposed Timescale: 05/06/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The two rear fire exits both had steps outside with no ramp provided for the use of residents using wheelchairs and other mobility aids.

Action Required:
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
These doors have been assessed and a ramp is being installed at both these doors.

Proposed Timescale: 30/06/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The service records for the emergency lighting made reference to multiple unit failure and it was unclear as to whether this had been addressed.

Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
This was immediately checked on the day after the inspection. The service technician who made the entry was not aware that emergency lighting had been installed and had assumed that an action from previous had not been actioned upon as they were not the company that installed same. The Authority was immediately notified of this error. It is now firmly established that the emergency lighting system is fully operational and functional and the Authority were provided immediately with certification of same

Proposed Timescale: 09/05/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
From review of fire safety management records and fire drill records, it was not possible
to determine the adequacy of arrangements in place for an evacuation of the centre in the event of fire, particularly at night.

**Action Required:**
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

**Please state the actions you have taken or are planning to take:**
Following the inspection the Person in Charge arranged immediately for all fire training to include a simulated evacuation in the event of fire at night time. This is now incorporated into all training with the fire training service provider immediately and ongoing

**Proposed Timescale:** 09/05/2015

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The single bedrooms did not have sufficient space to safely accommodate residents' mobility needs as residents were assessed as having maximum dependency and require the assistance of 2 staff and require mobility aids including the use of a hoist (for some residents) to mobilise.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
As per Outcome 2
The Residential Registered Centre is currently a 26 bedded facility, 21 long stay beds and five respite beds. We recognise that the room sizes are too small. This is particularly so in relation to the dependency of each resident in terms of physical needs. Given the major non compliance with this area, we will now ensure that any resident who is admitted for extended care does so on the offer of a contract of care which will state that where a resident becomes dependent where their needs cannot be met within the facility, that we will offer alternative accommodation within another registered facility on the same grounds.
We will ensure that our criteria for admission clearly states that only mobile residents will be accommodated within the facility on admission.
We will as a matter of urgency reflect these changes through the Statement of Purpose.

**Proposed Timescale:** 26/05/2015
Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the toilet facilities for example "cubicle style" did not meet the needs of residents who required assistance of staff or those using mobility aids.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
We have made a submission for Minor Capital investment for the purpose of upgrading the toilets to ensure that they are compliant for those who require wheelchair access. Both have been costed and funding for same is awaited. Tendering will commence when financial approval has been received in line with the National Financial Regulations

Proposed Timescale: 30/09/2015

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated dining room is insufficiently spacious to accommodate all of the residents at one sitting and so management and staff had to use the residents' quiet room for residents who required one-to-one staff to assist them during the meal time. This arrangement may prevent other residents from using the space for which it was originally intended.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
We are currently looking at all space utilisation within the designated centre. We are currently examining the feasibility of using the quiet room as a dining room particularly for those residents who require specific nutritional support and assistance. We will then change the purpose of this room on our Statement of Purpose. We will notify the Authority of our proposed changes within the Statement of Purpose particularly in relation to changing some specific rooms to use solely for dining room purposes.

Proposed Timescale: 30/09/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some equipment such as shower screens were in a poor state of repair.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
These are currently being replaced

Proposed Timescale: 22/05/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In a number of bedrooms there was inadequate space for residents' clothing and personal possessions as some of the bedrooms only contained a locker style wardrobe. See outcome 17 for details.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The wardrobes within the two bedded Units as currently will be used for the storage of personal belongings. We will install extra bedside wardrobes so that daily clothing items can be stored in a dignified manner.

Proposed Timescale: 29/05/2015

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:
In order to access residents' bedrooms and the visitors' facilities staff and members of the public need to walk through the living or dining rooms.

Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may
undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
We will ensure that residents continue to use the facilities provided with as little disruption from visitors as possible. We will examine the placing of intermittent screens in both rooms to ensure dignity and privacy for residents. We will ensure that visitations are respectful of other residents and ensure that mealtimes are uninterrupted by visitors except on the request of the resident in question with due regards to dignity of other residents at mealtimes.

**Proposed Timescale:** 26/05/2015

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In the twin rooms residents’ wardrobes were placed outside of the curtain screening which was situated between the beds. This compromised residents' privacy when dressing.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
As per Outcome 12 above, we will provide extra wardrobe space for residents in the two bedded facilities to ensure that clothing required on a daily basis to ensure that resident's dignity is not compromised. This will allow rotation of clothing on a daily basis, in order to meet the needs of residents.

**Proposed Timescale:** 05/06/2015

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A ceiling hoist in a twin room did not allow the curtain screening positioned between the beds to be fully closed.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
We have sourced and costed extra screening that can be installed within and between the bed spaces that safely allows for the overhead hoists to be used and which doesn’t compromise the resident’s dignity.
**Proposed Timescale:** 30/06/2015

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some twin rooms shared a centrally located toilet facility. As this was accessible from both of the twin rooms through separate doors additional safeguards for example signage had not been put in place to ensure the privacy of a resident from either of the twin rooms using the toilet.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
We will ensure that signage is placed on these doors when occupied, and that the door on either side can be locked to ensure dignity for the resident.
We have requested that all staff be extra vigilant on behalf of residents to ensure that this is monitored closely and is being effective.

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**Proposed Timescale:** 09/05/2015

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff had not received training in infection-control and challenging behaviour.

**Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
We will ensure that all staff receives training in infection control and challenging behaviours.
Since the inspection we have had two days of training in challenging behaviours. All staff had had hand hygiene training including infection control principles. However for those staff who have not completed same we will now ensure that training is provided.

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**Proposed Timescale:** 30/09/2015