

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Moy Ridge Nursing Home
<b>Centre ID:</b>	OSV-0000364
<b>Centre address:</b>	Ridgepool Road, Ballina, Mayo.
<b>Telephone number:</b>	096 218 86
<b>Email address:</b>	moyridgenursinghome@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Storey Broe Nursing Service Limited
<b>Provider Nominee:</b>	Noel Broe
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Marie Matthews
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	2

## 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 12 January 2016 11:30 To: 12 January 2016 20:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This unannounced monitoring inspection was carried out on the 12 January as part of the Health Information and Quality Authority's (the Authority's) regulatory monitoring function to review progress made on the actions identified in the action plan which was issued to the provider following the registration renewal inspection carried out in September 2013 and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 and to review whether unsolicited information submitted to the Authority was substantiated.

As part of the inspection the inspector met with residents, and staff members, observed practices and reviewed documentation such as care plans, the centre's statement of purpose, complaints log, audits, and policies and procedures. There

were 45 residents in the centre at the time of inspection, there were two vacancies. The person authorised on behalf of the provider and the person in charge were available in the centre to facilitate the inspection. Residents spoken with by the inspector were complimentary of the service provided and stated "Management are very good, staff treat us well, we are well looked after, the food is very good". On the day of inspection recreational opportunities were available to residents in the sitting rooms and an activities programme with a designated activity co-ordinator was in place.

This was the seventh inspection of this centre. The reports from all previous inspections of this centre can be accessed at [www.hiqa.ie](http://www.hiqa.ie). The inspector reviewed the eight actions from the previous inspection and found that six actions were complete and two required some further work to ensure full compliance with current legislation. Actions partially completed since the last inspection related to the residents guide and dementia specific signage. Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

**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):**

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

**Findings:**

The statement of purpose had been reviewed since the last inspection. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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 person in charge worked full-time and generally worked from 08:00 hrs to 17:00 hrs Monday to Friday, according to the rota provided to inspectors. She also was on call out of hours. Staff spoken with confirmed that she was available daily in the centre and when on-call was immediately available. She qualified as a registered general nurse in 2004 and had completed a post graduate diploma in gerontology, a diploma in managing people and a special purpose award in end of life care. Throughout 2015 she completed courses in safeguarding, medication management, manual handling, capacity

assessment and consent and administration of sub-cutaneous fluids.

Inspectors reviewed the duty rosters and found that two nurses were on duty in addition to the person in charge up to 18:00hrs daily. The person in charge informed the inspector that she had adequate time for governance supervision and management duties. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She confirmed that the provider was supportive and was freely available to her and regular meetings were held between her and the provider representative. Deputising arrangements for the person in charge were in place. A senior staff nurse or the provider deputised in her absence. Both the person in charge, her deputy and the provider representative registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

A comprehensive resident's guide detailing a summary of the service provided was available. However, the action from the last inspection, to create an easy to read/pictorial guide which would facilitate a better understanding for residents who were cognitively impaired, was not available. The Provider Representative and Person in Charge gave a verbal commitment to address this.

**Judgment:**

Substantially 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 available on safeguarding vulnerable persons at risk of abuse. This included information on the various types of abuse, assessment, reporting and investigation of any allegations of abuse.

The training records identified that staff had participated in training in the safeguarding. During discussion with the inspectors some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Inspectors saw that this was signed by visitors entering and leaving the building. Residents confirmed that they felt safe in the centre and contributed this to the continuous presence of staff, the doors being secure living in a communal setting.

Bedrails were in place for some residents. The person in charge explained that these were used as enablers and a rationale for their enabling function was documented. Risk assessments and consent forms were available for residents who had bedrails in place. Assessments gave consideration of the risks associated with the use of the bedrails.

Arrangements in place with regard to residents' finances were not inspected on this inspection.

**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:**

The health and safety of residents, visitors and staff was promoted. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post falls to monitor any change in neurological function.

One of the inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. Staff spoken with knew what to do in the event of a fire. Fire drills were completed regularly. Fire records showed that fire equipment had been regularly serviced and the fire alarm had been serviced quarterly. Fire exits were noted to be clear and unobstructed during the inspection.

There were arrangements in place for recording and investigating of untoward incidents and accidents. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. The person in charge completed an incident investigation form post any serious accident.

All incidents were reported to the provider representative, regular health and safety review meetings were held between the provider representative, the person in charge and the person participating in the management of the centre.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling.

**Judgment:**

Compliant



***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:**

All Nursing staff had completed medication management training. One of the inspectors observed one of the nursing staff on part of their medication round and found that medication was not administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. For example residents were prescribed medication to be administered at 14:00hrs and this was administered at 12:30 hrs. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The prescription sheet included the appropriate information such as the resident's name and address, date of birth, general practitioner and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded. However, when an 'as required' medication was administered there was no monitoring of the effectiveness of the medication administered to inform its effectiveness.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

**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):**

No actions were required from the previous inspection.

**Findings:**

On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. Assessments were linked to the care plans. Where an event occurred, for example, requiring manual handling reassessment, a reassessment was not always carried out. Where reassessment was completed, the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was evidence available of consultation with the resident and their significant other. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

The inspector found that wound care was appropriately managed. Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. A review of residents' medical notes showed that GP's visited the centre regularly. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry was available. However, the centre stated they had problems accessing occupational therapy services due to the lack of availability of specialist personnel.

**Judgment:**

Substantially 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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The action with regard to accommodating residents in multi occupancy rooms had been addressed.

The action with regard to providing signage and greater colour contrast that would enhance the environment for residents who were cognitively impaired and aid orientation had not been addressed.

There was no lock on one of the assisted bathroom doors to ensure the privacy and dignity of residents was protected.

**Judgment:**

Substantially Compliant

***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):**

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

**Findings:**

The person in charge explained that any concern was recorded and addressed. One of the inspectors reviewed the complaints procedure and noted this was displayed in the centre. The policy detailed time-lines to be adhered to, the requirement to carry out a thorough investigation and to inform the complainant of the outcome of the investigation. An independent appeals process was also detailed so that if the

complainant was not satisfied with the outcome of their complaint they could utilise this procedure.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained a record all relevant information about complaints. There was evidence that where complaints were made, the policy was enacted and complaints reviewed were resolved but there was no indication recorded of the satisfaction of the complainant and confirmation that they were informed of the appeal procedure. Inspectors reviewed a letter detailing a concern of the writer with regard to her friend. While the person in charge had responded by return post, the inspectors were of the opinion that it was an inadequate response. The person in charge stated she would follow up on this by phone as a matter of priority.

**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:**

The action from the previous inspection had been completed. Fluid balance charts were appropriately completed a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day.

Residents spoken with praised the food and the choices available to them. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions.

**Judgment:**  
Compliant

***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:**

The action from the previous inspection was addressed. A non verbal communication system had been developed.

**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):**

No actions were required from the previous inspection.

**Findings:**

At the time of inspection there were 45 residents residing in the centre, 31 of which were over 80 years, 13 of these were over 90 years. Some residents had general medical related ageing problems while a high percentage had a cognitive impairment. 18 residents were maximum dependency, 12 were highly dependent, 7 as medium and 8 as low dependency.

The inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. One of the inspectors reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, safeguarding vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example hand hygiene, care planning, basic life support and dementia care. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Mary McCann  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Moy Ridge Nursing Home
<b>Centre ID:</b>	OSV-0000364
<b>Date of inspection:</b>	12/01/2016
<b>Date of response:</b>	25/02/2016

### 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 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:

Create an easy to read/pictorial resident's guide which would facilitate a better understanding for residents who were cognitively impaired

#### 1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

We will complete a full review of the residents guide ensuring it complies with the regulations, we will take on board best practice and create a guide that is easy to use and is appropriate to our residents needs.

**Proposed Timescale:** 01/06/2016

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Medication was not administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. For example, residents were prescribed medication to be administered at 14:00hrs and this was administered at 12:30hrs.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We have completed a review of the prescription sheet and the administration sheet . We have made the necessary changes to provide accurate timeframes for medications that are given at irregular prescribed intervals and inserted an area that these medications can be signed for accurately.

**Proposed Timescale:** 25/02/2016

**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:**

Where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented.

**3. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise



it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will review the care planning policy to ensure it provides appropriate standard operating procedures for the review of assessments and care plans.

Inform all nursing staff of the necessity to ensure care plans are accurate.

We will complete a care planning audit to establish any patterns or trends.

**Proposed Timescale:** 21/03/2016

**Theme:**

Effective care and support

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

Where an event occurred for example a manual handling reassessment a reassessment was not always carried out.

**4. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

We will complete an audit on assessments.

Identify patterns and trends, discuss with nursing staff.

To inform nursing interventions and practice.

**Proposed Timescale:** 21/03/2016

**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 action from the previous inspection with regard to providing signage and greater colour contrast that would enhance the environment for residents who were cognitively impaired and aid orientation had not been addressed.

**5. Action Required:**

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

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

We will have a full review of the colour and signage within the house, we will be informed by the thematic inspection questionnaire and standards.

We will start immediately and identify the residents that will benefit most by the changes (colour/signage interventions) and make their space more user friendly.

**Proposed Timescale:** 30/10/2016