<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Chois Fharraige</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000382</td>
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<tr>
<td>Centre address:</td>
<td>Pairc, An Spidéal, Galway.</td>
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<tr>
<td>Telephone number:</td>
<td>091 553 194</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:care@thearas.com">care@thearas.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Aidan &amp; Henrietta McGrath Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Aidan McGrath</td>
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<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>Florence Farrelly;</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>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>9</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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 May 2015 10:30
To: 27 May 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The purpose of this inspection was to monitor compliance with the Regulations and assess the provider's progress in addressing actions identified subsequent to an inspection of this centre in March 2015.

As part of this monitoring inspection, the inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, policies and auditing systems.

Care of residents was good and also compliant with the regulations in all areas examined, specifically:
- documentation
- care planning and assessment
- health care
- management of restraint and behaviour that is challenging
- notification of incidents to the Authority
- social interaction
- staffing
- medication management.

Improvement to the hygiene of wheelchairs was also noted and there was an up to date statement of purpose and residents guide available to residents in the centre.

A new person in charge had recently been appointed, the roles of clinical nurse managers had been clearly defined, a structured auditing system had commenced and the allocation and supervision of staff was good. However, some further development was required as parts of the planned auditing system.
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 an up-to-date statement of purpose that accurately described the service provided in the centre and included the requirements of Schedule 1 of the Regulations. It was kept in an accessible location in the centre and was available to residents.

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

**Findings:**
The inspectors found that there had been significant improvement to the governance arrangements in this centre since the last inspection. This was noted in both management structure and auditing systems, although the comprehensive auditing system had been recently introduced and required some further development.
There was a newly appointed person in charge who worked in the centre in a full time capacity. The roles and governance hours of two nurses who had been identified as clinical nurse managers were clearly defined. One of the clinical nurse managers was currently attending a management course and hoped to undertake further relevant training in the near future.

Supervision of staff was found to be managed effectively. There was a structured handover meeting at change of shift when residents’ health care needs were discussed to ensure that appropriate care could be delivered. An inspector witnessed a handover meeting and staff confirmed that they found these meetings beneficial. Throughout the day of the inspection one clinical nurse manager and one senior health care assistant was assigned to each floor to supervise the delivery of care. The staff allocation sheet indicated that this was the usual arrangement.

Inspectors found good systems to monitor the care delivered to residents and to ensure that service provided was safe, appropriate and consistent. One of the clinical nurse managers had been assigned responsibility for auditing. A weekly health care review was being undertaken which collected up to date information on, for example, use of antibiotics, occurrence of pressure ulcers, use of bed rails and use of psychotropic medication. Outcomes from this review were recorded weekly and the clinical nurse manager explained that he intended to complete a full audit of this data every three months. In addition, he was developing a schedule for auditing a range of health care issues for the remainder of the year which would include diet and nutrition, restraint, care planning and incident recording. An audit of end of life care had also been completed which identified the need for staff training in end of life assessments. This finding had been communicated to the provider and the relevant training was being organised.

**Judgment:**
Substantially Compliant

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

**Findings:**
This outcome was not reviewed in full at this inspection. However, the inspectors viewed the residents’ guide which was informative and included the required information. Copies of the residents guide were displayed in the reception area where they were
available to residents.

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:**
A new person in charge had recently been appointed in the centre. She was a registered nurse with the required experience in the area of nursing of older people and she worked full time in a governance capacity. The person in charge demonstrated a clear knowledge and understanding of her legal responsibilities.

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

**Findings:**
The inspectors reviewed operational policies, directory of residents, medication charts, nursing/care planning records, incident records and the complaints procedure and found that they were suitably completed and in line with legal requirements.
The provider had completed a review and update of operational policies. The policies viewed by the inspectors, such as the policy for the management of behaviours that are challenging and the complaints policy included the required information to guide staff.

The directory of residents was up to date and in line with legal requirements.

A good care planning system was in place. The inspectors read a sample of health care files and found that they were clear and organised and contained the required information to guide staff and to ensure safe health care.

The medication prescription sheets viewed were clearly documented with sufficient information to guide safe practice. In addition, on the charts viewed staff had clearly recorded the administration of medication to residents.

The complaints procedure displayed in the reception area had been re-printed in larger lettering, to make it more legible to any person with poor vision.

The inspectors reviewed the incident log and saw that comprehensive details of each incident were recorded together with full details of actions taken.

**Judgment:**
Compliant

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

**Findings:**
The inspectors examined the system in place to support residents with behaviours that are challenging and reviewed a sample of residents’ files. Suitable care plans for the management of behaviours that challenge, which included sufficient information to guide care, had been developed as required. The behaviour management policy had been revised and included sufficient information to guide staff on how such behaviours could be managed, such as monitoring of trends, assessment and care planning, to protect the safety and comfort of the resident involved, other residents and staff.

The inspectors also found improvement to the system for the management of restraint
use. Some residents used bed rails while in bed and/or were seated in tilted chairs when not in bed. The inspectors viewed a sample of files for these residents and found that suitable assessments had been undertaken and care plans developed.

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

**Findings:**
There was a system in place for the regular cleaning and checking of wheelchairs including a deep cleaned every two weeks. Staff regularly checked wheelchairs in the interim to establish if additional cleaning was required. The cleaning of wheelchairs was recorded and inspectors noted a high standard of cleanliness in the wheelchairs that they observed. On this inspection the inspectors found that the building continued to be maintained to a high standard of hygiene throughout.

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

**Findings:**
A new medication management documentation system had recently been introduced and had been in use for three days at the time of inspection. An inspector reviewed the medication prescribing and administration charts and found that they were comprehensively and suitably documented. The medication prescription charts contained the required information, such as residents’ names, addresses and dates of birth. All the medications listed on prescription sheets had been individually signed by the general
practitioner (GP) and the nurses administered medication from these records. There were colour photographs of residents on the charts, which the nurses could check to verify identification if required. The nurses recorded and signed to confirm each medication administered and there was an up to date nurses’ signature sheet available. There was an up to date medication management policy available to guide staff.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 10: Notification of Incidents</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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</table>

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

**Findings:**
An inspector reviewed the incident log and saw that all relevant details of each incident were recorded in good detail together with actions taken at the time of the incident. The person in charge had reviewed each incident for the purpose of learning and the outcomes of these reviews were recorded.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding certain incidents and accidents. To date all relevant incidents and quarterly returns had been notified to the Chief Inspector as required.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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</table>

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Residents’ healthcare needs were assessed and monitored and care plans were developed to guide the delivery of care. The inspectors viewed a sample of residents’ files, including those of residents with falls risk, epilepsy, behaviour that is challenging, wound care, hydration and catheter care requirements. Comprehensive assessments had been carried out for all residents, including assessments on residents’ mobility, manual handling, skin integrity, risk of falls and nutritional risks and staff had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every four months or as required by the changing needs of the residents. Staff who spoke with the inspector knew the residents well and were very aware of each resident’s health care requirements.

Residents had access to medical and other health care services, such as chiropody and psychiatry services, and out of hours medical cover was provided. A physiotherapist came to the centre every week and developed exercise plans for residents. The inspectors reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

Judgment:
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:
During the last inspection the inspectors found that the system for the management of complaints was generally in line with legal requirements. However, there was some improvement required to the complaints process and on this inspection this was found to have been satisfactorily addressed.

The complaints policy had been suitably revised to identify the person who held a monitoring role to ensure that complaints were responded to. In addition, the complaints policy also included guidance for staff on the recording of complaints in the complaints register.

Inspectors viewed the complaints ledger and found that complaints had been suitably recorded, investigated and resolved. The complainants' levels of satisfaction with the outcomes were also recorded.
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):**
No actions were required from the previous inspection.

**Findings:**
This outcome was not reviewed in full during this inspection as it was examined during previous inspections when it was found to be generally compliant with the Regulations, although some required improvement to the assessment of residents' end of life wishes had been identified. This was reviewed at this inspection and was found not to have been suitably addressed.

However, this deficit had been identified by the clinical nurse manager during an end of life care audit and training in end of life assessment was being organised for staff to address this deficit. It was planned that staff would further review and update end of life assessments on completion of this training.

Judgment:
Substantially 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:**
There were suitable measures in place to respect the privacy and dignity of residents, such as arrangements for consultation, visiting and access to advocacy services. The provision of suitable social engagement for residents was good overall, although some further development to the social/recreational opportunities for residents with cognitive impairment or dementia was required.

The activity co-ordinator had organised a range of activities suited to the interests and abilities of residents. There were both group and individual activities taking place in one of the sitting rooms. For example, a large group of residents participated in ‘paidreacha’ (a prayer session) in the Irish language which they enjoyed very much. At other times staff assisted individual residents with different activities and therapies that they enjoyed, such as nail painting and working with an activity blanket, others read their newspapers, while one resident had a box of her own personal items at hand. The inspectors visited the sitting room several times throughout the day and found that there was a pleasant atmosphere and mix of activity taking place.

One member of staff was designated to activity organisation and she had attended training in delivering a therapeutic technique to people with dementia. She delivered these sessions for small groups of residents several times each week. However, she acknowledged that at present this therapy was not yet being offered to all residents who might enjoy and benefit it and that there were plans to include more residents in these sessions in due course.

The activity organiser and person in charge had also been exploring ways to enhance leisure enjoyment for residents who did not participate in group activity at present and they had made arrangements for one resident to enjoy his hobby in a more accessible format. Some residents did not go to the sitting room where the activities were taking place and chose to remain in other communal areas. The inspectors noted that staff supervised and chatted to these residents during the day and they were not isolated.

Judgment:
Substantially 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:**
The management team ensured that suitable allocation and supervision of staff was taking place. There were sufficient staff assigned and allocated to each floor to ensure adequate supervision of residents and staff were present in communal areas to supervise and talk to residents during the day. Staff who spoke with the inspectors knew the residents well and were familiar with their care needs.

On the day of inspection, there was an adequate number of staff on duty throughout the day. The inspector reviewed staffing duty rosters and found that these were consistent with the staffing levels observed. Residents’ dependency levels were assessed by the person in charge who used this to decide on appropriate staffing levels.

**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:**

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

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<thead>
<tr>
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<td>OSV-0000382</td>
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<tr>
<td>Date of inspection:</td>
<td>27/05/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07/07/2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with 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:
The auditing systems had recently been introduced and required further development.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

1 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:
To ensure consistent and effective monitoring of service provision a system of weekly monitoring checks is carried out to cover a range of issues including but not limited to - Specialist Mattresses; weights; nutrition; skin impairment; Infection Control; Night Sedation; Psychotropic Medication; Complaints; Falls-Slips-Trips; Mod-Severe Pain; Catheter & PEG care etc. Information is currently collected on a weekly basis and the results will be incorporated in our Annual Review document. The findings will be used to guide practise going forward and identify the need for further improvement or training needs in these areas in order to, in so far as possible, reduce risk to residents.

**Proposed Timescale:** 26/06/2015

### Outcome 14: End of Life Care

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents' end of life wishes had not been identified.

2. **Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
Care Plans are being reviewed with input from resident/family and are being updated to reflect end of life wishes. Training in End of Life Care has been booked for the 3Jul15.

**Proposed Timescale:** 12/07/2015

### 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:**
Therapeutic sessions for people with dementia were not being offered to all residents who might enjoy and benefit from this therapy.

3. **Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.
Please state the actions you have taken or are planning to take:
The Registered Provider, Person in Charge and the Activities Co-ordinator have reviewed the activities programme to establish how it meets the varying requirements of all residents, including those residents who chose not to take part in certain group activities.

There are a number of new and continued activities specifically developed for people who do not wish to take part in group activities. These include: pet therapy visits as it has been found that the companionship that pets provide can motivate people to get more involved in daily activities and socialising, plant therapy, hand & arm massage with aromatherapy oils, nail bureau, cinema sessions, Concerts in the Courtyard and Sonas sessions.

In addition, the Home's activities co-ordinator will make arrangements to offer residents the option of being able to enjoy certain activities on a one-to-one basis if they would prefer, where possible.

Access to social interaction is communicated, recommended, explained and provided with the consent given by each resident to participate. Social needs and preferences are identified by staff in care plans.

The activities co-ordinator is allocated full time to her role. Dedicated time is provided by the activities co-ordinator and the other Sonas trained staff member to provide Sonas sessions.

**Proposed Timescale: 31/07/2015**