

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview Private Nursing & Retirement Residence
Centre ID:	OSV-0000141
Centre address:	Rathfeigh, Tara, Meath.
Telephone number:	041 982 5698
Email address:	jjcahill@hillviewcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillview Private Nursing & Retirement Residence Partnership
Provider Nominee:	John James Cahill
Lead inspector:	Mary O'Donnell
Support inspector(s):	Michael Keating
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 November 2016 09:00 To: 21 November 2016 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Compliant
Outcome 11: Information for residents		Compliant

Summary of findings from this inspection

Summary

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The table above compares the self-assessment and inspector's judgment for each outcome.

This centre provides residential and respite services. Twenty residents were living full-time in the centre and four were on respite. On the day of inspection 6 of the 24 residents had a diagnosis of dementia. The inspector met with residents and staff and tracked the journey of four residents with dementia within the service. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

The inspector also followed up on the areas of non-compliance found on the previous inspection on 26 March 2015. The nine action plans developed to bring the service into compliance had been completed.

The provider and staff had worked to adapt the service to meet the needs of residents with dementia. Residents had access to a variety of communal rooms and a secure landscaped garden. Staff were available in the correct numbers to meet the needs of residents. Good interactions were observed between staff and residents but some staff required additional training to provide a more person centred approach to caring for residents with dementia.

The healthcare and nursing needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. The ethos of the centre promoted independence and respected the dignity and rights of residents. None of the residents presented with behaviours that challenge and the provider had made significant progress towards creating a restraint free environment.

Prospective residents were assessed prior to admission to determine the suitability of the placement and ensure that the resident's needs would be met. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. Some aspects of documentation required improvement. Hazards identified on inspection needed to be addressed as they could pose a potential risk to residents.

These issues are discussed in the body of the report and the actions required are included in the action plan at the end.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed and reviewed accordingly. All the care plans examined held an end of life care plans which reflected the wishes of residents' family. The nutritional and hydration needs of residents with dementia were met. Residents were protected by safe medication policies and procedures.

Residents could retain the services of their own general practitioner (GP). They had access to allied healthcare professionals including occupational therapy, dietetic, speech and language, ophthalmology and podiatry services. The centre also had access to psychiatry of old age and palliative care services. Although residents had access to dental services in the community and in the centre if required, residents with natural teeth did not have routine dental checkups.

The inspector tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, diabetes, wound care and end of life care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital prior to admission. This gave the resident and their family information about the centre and also to ensure that the service could adequately meet the needs of the resident.

Residents' files held a copy of their hospital discharge letter and residents who were transferred to hospital from the centre had appropriate information about their health, medications and their specific needs included with the transfer letter. When residents

were readmitted to hospital and returned to the centre their discharge letters were used to update care plans when residents were discharged back to the centre.

From the selection of care records and plans reviewed, there was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented assessment of 18 domains of living, including communication, personal hygiene, continence, eating and drinking, mobility, mood and behaviour and sleep. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls, malnutrition and skin integrity.

A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a four monthly basis or to reflect the residents' changing care needs. The 'key to me' was recently introduced to support residents and relatives to inform their care plans. The 'Key to me' was not completed for any of the four residents who were tracked. Care plans were updated to reflect the changing needs of the resident and a family member who was interviewed confirmed that they participated in the four monthly care plan reviews. Although daily nursing notes were linked to the care plans there was insufficient detail about the resident's day or the care provided to determine if care plans were implemented. For example, in relation to personal care it was not possible to determine when a resident had a bath or a shower. For a resident at risk of pressure ulcers it was not documented when four hourly turns were done.

Staff provided end of life care to residents with the support of their medical practitioner and the community palliative care services if required. Single rooms were available for end of life care and relatives were accommodated to stay with residents who were very ill. Family members were consulted to determine the resident's wishes for future care, including end of life care. There was evidence that staff did not discuss future care needs or end of life wishes with residents who had dementia in order to develop care plans which reflected the residents' preferences for care including their preferred setting for delivery of care.

Staff had access to a tissue viability nurse and the inspector tracked wound care for one resident and found the wound was assessed the care plan directed the care provided. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing.

Residents with diabetes were appropriately monitored and managed. Inspectors found the staff who undertook the procedure adhered to the Health Information and Quality Authority (HIQA) guidance of blood glucose monitoring.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. The centre used a seated weighing scale and did not have equipment to monitor the weight of residents

who were unable to sit on the scales. One of the residents who was tracked had not been weighed in 2016. The provider agreed to source an alternative scales suitable for these residents. An inspector joined residents for lunch in the dining room and found that residents on diabetic, and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet. However the supervision of independent diners required improvement to ensure that residents ate their meals before leaving the dining room.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Residents were reviewed following a fall, the risk assessments were revised, medications reviewed and physiotherapy assessments were arranged when required. Measures were put in place to prevent further falls or to mitigate the risk of injury from a fall. Many of the residents had low-low beds and crash mats. However their care plans were not consistently updated to reflect the additional safety measures that had been put in place.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented for the residents who were case tracked. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Analgesia prescribed on a PRN (as required basis) did not state the maximum dose to be administered in a 24 hour period. Two of the residents who were tracked were non verbal and although staff told inspectors that they interpreted body language to identify if a resident was in pain, they did not use a tool to measure the level of pain and to determine if the analgesia administered was effective. The pharmacist regularly reviewed the prescriptions and was available to meet with residents if required. A notice posted in the centre alerted residents and relatives about dates when the pharmacist was on site.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

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 centre had a policy on safeguarding vulnerable adults. Staff who spoke with inspectors were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. The person in charge was familiar with her role in investigating any allegation of abuse. There were no abuse allegations being processed at the time of inspection.

There was a policy and procedures in place on the management of behaviours that challenge dated March 2016. The policy promoted a positive approach to the management of behaviours and psychological symptoms of dementia (BPSD) including assessment for possible triggers and pattern of occurrence. Residents were appropriately assessed and care plans based on the assessments were implemented and reviewed. Residents had access to mental health of later life services and from the cases tracked it was evident that physical or chemical restraint was used only as a last resort. None of the residents exhibited behaviours that challenged on the day of inspection. The inspectors noted that residents could use a variety of communal rooms during the day and go outside to a secure garden whenever they wished to do so. The design and layout of the centre which afforded the residents freedom of movement both internally and externally supported residents with BPSD and those who were predisposed toward behaviours that challenge.

The Restraint Policy has been revised in January 2016 and significant progress had been made to reduce the use of restraint. This use of restraint was recorded in the restraint register and reported to the Health Information and Quality Authority (HIQA). None of the residents was using restraint on the day of inspection and there was evidence that less restrictive devices were used such as low-low beds and crash mats in use. Only two residents used bedrails for safety and security reasons. Although bumpers were used to prevent the risk of injury to a resident's limbs there was no formal risk assessment completed for the use of bedrails. Care plans did not specify the frequency of checks when bed rails were in use and safety checks of residents using bedrails were not documented in line with the policy.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The inspectors found that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected. However some improvement was required to ensure that the activities available were not dictated by the routine and resources and reflected the capacities and interests of each individual resident. The person in charge had already identified this as an area for improvement.

There was evidence that feedback was sought from residents including residents with dementia on an ongoing basis. The person in charge was hands on and met with

residents on a daily basis. There was evidence that issues raised by residents were taken seriously and acted upon. The annual survey which sought the views of residents and relatives indicated a high level of satisfaction and action plans were in place to address the areas identified for improvement. Many of the residents had mobile phones and Wifi was available to support contact with the family and friends. The centre had a bus and residents had regular trips to venues that were decided by the residents. Residents who spoke with inspectors were looking forward to their next trip to a local shopping centre. There was an open visiting policy and family were encouraged to be involved in aspects of residents' lives.

All staff did not fulfil their role in meeting the social and emotional needs of residents and the allocation of staff to support activity provision required improvements. As part of the inspection, the inspectors spent a period of time observing staff interactions with residents, some of whom had dementia. The observations took place in the day room and the dining area. An inspector noted that during the one and a half hour observation period in the day room, the activity underway was interrupted by other staff enquiring what residents would like for dinner, residents were being distracted and some residents lost interest in the activity. There were no other staff present for periods and the activity was interrupted while the activity co-ordinator attended to the care needs of individual residents. Some residents were asleep and one resident when she awoke, she appeared to be interested in participating in the activity but was not encouraged to do so and she closed her eyes again. The second observation period was conducted in the dining room used by independent diners. Some good practices were observed in relation offering residents choice and extra portions, cutting up meals and reminding residents about menu options. However the social aspect of dining was lost. The majority of residents ate their meal in silence and the pacing of the service was too fast. Desserts and teas were served before residents had finished their main course and one resident who was eating her dinner stopped doing so, ate the dessert and left the dining room. Tables were cleared while residents were still seated at the table drinking tea.

These observations were discussed in detail with the person in charge who undertook to monitor care practices on an ongoing basis.

Despite this the inspectors saw that the activity coordinator was very committed to meeting the needs of the residents. 'A Key to me' was recently introduced and this included details of residents' likes and dislikes previous interests and hobbies. Some dementia appropriate activities were available and a programme of activities was on display. This included religious practices, music, games and crafts. One to one activities such as hand massage and reading the newspaper were carried out for residents who did not wish to engage in group activities. The person in charge told the inspector that they were currently reviewing the activity programme to ensure it met the needs of residents.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. A green light above the door was used to indicate that personal care was being provided. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

Independent advocates were available and contact details were on display in the front hall. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. During the day residents were observed to move around the centre freely and being supported by staff to mobilise.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Residents were satisfied with opportunities for religious practices. Arrangements were in place for residents to vote in the recent election.

There was a residents' committee in operation. The plans of the Christmas party were an agenda item at the last meeting. The inspectors saw from previous minutes that suggestions made by residents had been taken on board. For example suggestions regarding menu changes to include homemade brown bread and more fruit had been acted upon.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

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 ensured that residents with dementia had their concerns addressed appropriately. She was known to residents and relatives and staff confirmed that there were no barriers to raising issues of concern. The complaints policy was prominently displayed but it was included in the residents guide. Residents and relatives were satisfied that issues raised were addressed. There were very few complaints in the complaints log and there was evidence that complaints were managed in line with the policy. Complaints were audited and used to inform service improvements. The policy had been amended since the last inspection to include an appeals process with details of the nominated person who could be contacted if the complainant was dissatisfied with the outcome of a complaint.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

The number and skill-mix of staff was appropriate to meet the assessed needs of residents. However the allocation of staff to support activity provision needed to be reviewed. The recruitment procedures in place met the regulatory requirements, and included Garda vetting. An orientation programme was available to support new staff in their roles and staff were supervised appropriate to their role.

Staffing levels were based on residents dependencies and residents' dependencies were determined using a validated tool. Eight residents were high dependency, seven were medium dependency and nine were low dependency. Residents, relatives and staff agreed that there were adequate staff on duty both day and night. Planned and unplanned leave were covered by existing staff who know the residents. There was a planned staff roster in place, with any changes clearly indicated. The staffing in place on the day of inspection was reflected in this roster.

There was an effective system to ensure that all staff attended mandatory training and refresher training. Interviews and training records confirmed that staff had up to date mandatory training. All staff in the centre had recently participated in training on dementia care and the management of behaviours that challenge. Infection control training was provided on a bi-annual basis. Nurses had completed medication management training and CPR training in 2016. All healthcare staff had a relevant level five qualification and had undergone an initial three month probation period.

The inspectors noted that many of the residents benefitted from one-to-one interaction with staff. A health care staff member had been trained in activity provision and had dedicated time for as activity co-ordinator between 11am and 3 pm. However there was inadequate support for her in this role as discussed in outcome 3. The inspectors also noted that some staff were focused on tasks did not fully implement the person centred approaches to care which the training sought to promote. Improved systems to monitor the implementation of the training are required.

Three volunteers regularly visited residents in the centre. Garda clearance was sought for these volunteers and they had signed an agreement which outlined the volunteer's role and responsibilities.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The inspector found that the provider had completed action plans in relation to refurbishment works to address non-compliances with the legislation. This included the reconfiguration of bedrooms and the installation of fire doors.

The purpose built nursing home had been extended and refurbished to meet the changing needs of residents. The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The inspectors found the centre to be warm, well maintained and suitably decorated.

There was ample communal space including a large sitting room and a number of other smaller sitting rooms. The dining room had large sun-room type extension. There was a small oratory and a room to meet with visitors in private. Residents had access to a large secure well maintained outdoor area with seating areas, a vegetable garden and raised beds which could be accessed by residents in wheelchairs.

Corridors and door entrances used by residents were sufficiently spacious to facilitate movement and aids used and required by residents. Matt flooring in bedrooms helped to minimise glare and carpet in hallways created a cosy ambience. Handrails and grab rails were provided where required in circulating areas and in bathrooms. The use of contrasting colours would have enhanced the environment for residents with dementia.

Bedroom accommodation was provided mostly in single rooms. Twin rooms had en suite facilities including an accessible shower, toilet and wash hand basin. Bathrooms and toilets were situated close to all bedroom and communal rooms. The bedrooms all had adequate wardrobe space, a wall clock to orientate residents, and a functioning call bell to summon assistance. Bedrooms were spacious enough to accommodate personal equipment and assistive devices required by existing residents. Residents had a locked facility for safe storage in their rooms.

Staff had made progress towards creating a dementia friendly environment and this was apparent on the inspection. Examples of this include symbols and signage to orientate residents and most of the bedrooms were personalised to suit the individual resident. Further improvements were discussed with the inspector, such as unique identifiers or pictures to help residents to identify their bedroom and pictures on the walls in communal areas which residents could relate to. These issues were identified in the self assessment and the action plan to implement the improved signage was not due for completion until the end December 2016.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk 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:

Since the previous inspection all refurbishment works had been completed including the installation of fire doors with self-closing devices.

However the inspectors identified hazards which were not included in the risk register and required attention to mitigate their risks to residents:

The temperature of hot water in taps was too high and posed a risk of scalding.

Radiators in communal rooms were too hot to touch and posed a risk of burns.

The laundry room was unlocked and vulnerable residents had access to chemicals such as bleach and detergents.

The open fencing in part of the garden beside a steep incline posed a risk to residents.

All residents had a personal emergency evacuation plan (PEEP) which considered their mobility status, the need for assistive equipment and the number of staff required to evacuate the resident. The information in the PEEPs did not consider the cognitive status and behaviours that required consideration should an emergency evacuation be required.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

Findings:

The inspectors examined the audit reports for 2016. Audits were conducted throughout the year and the audit cycle included an action plan to address deficits which set out areas of responsibility and the timescale for completion of the action plans.

The person in charge told inspectors that all the policies and procedures had been reviewed since the previous inspection. Inspectors saw that the list of available policies complied with requirements of schedule five. A sample of policies examined had been revised.

Judgment:
Compliant

Outcome 11: Information for 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:
Contracts of care were examined and inspectors found that they had been amended to include details of the personal contribution from the individual residents. Services for which there was an additional charge were clearly specified in the contracts.

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 O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Hillview Private Nursing & Retirement Residence
Centre ID:	OSV-0000141
Date of inspection:	21/11/2016
Date of response:	01/12/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

The centre's policy states that residents were weighed on a monthly basis. The centre used a seated weighing scale and did not have equipment to monitor the weight of residents who were unable to sit on the scales.

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

ACTION: We are currently researching a suitable weighing device for use with residents who are unable to sit in a weighing chair, to ensure full implementation of the policy and procedure that is in place, as set out in schedule 5.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

Although daily nursing notes were linked to the care plans there was insufficient detail about the resident's day or the care provided to determine if care plans were implemented. For example, in relation to personal care it was not possible to determine when a resident had a bath or a shower. For a resident at risk of pressure ulcers it was not documented when four hourly turns were done.

Many of the residents had low-low beds and crash mats. However their care plans were not consistently updated to reflect the additional safety measures that had been put in place.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

ACTION: A revised system of documenting the care that is provided is to be developed in order to fully document the care that is provided to a resident as per their care plan. Where necessary, care plans will be amended to fully reflect all care interventions planned and given.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

Although residents had access to dental services in the community and in the centre if required, residents with natural teeth did not have routine dental checkups.

3. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service

requires additional professional expertise.

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

ACTION: All residents will be offered the opportunity to avail of routine dental check ups and will be assisted to access same if they so wish, this will be reflected in the Residents care plan.

Proposed Timescale: In place & Ongoing

Proposed Timescale: 01/12/2016

Theme:

Safe care and support

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

From the sample of files reviewed and conversations with staff it was evident that staff did not discuss future care needs or end of life wishes with residents who had dementia in order to develop care plans which reflected the residents' preferences for care including their preferred setting for delivery of care.

4. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

ACTION: End of life care plans that are in place for all residents with a documented diagnosis of dementia will be reviewed to ensure inclusion and consultation with the resident where it is possible to do so.

All residents approaching end of life are facilitated, where reasonably practicable, to have their preferences met, as per our End of Life policy and guidance.

Proposed Timescale: 28/02/2017

Theme:

Safe care and support

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

The supervision of independent diners required improvement to ensure that residents ate their meals before leaving the dining room.

5. Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

ACTION: A review of the organisation of staff around mealtimes has been undertaken to ensure all residents continue to be assisted where needed and to enhance the overall dining experience.

Proposed Timescale: In place

Proposed Timescale: 01/12/2016

Theme:

Safe care and support

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

Nurses administered analgesia prescribed on a PRN (as required basis) from a prescription which did not state the maximum dose to be administered in a 24 hour period.

Two of the residents who were tracked were non verbal and although staff told inspectors that they interpreted body language to identify if a resident was in pain, they did not use a tool to measure the level of pain and to determine if the analgesia administered was effective.

6. 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:

ACTION: All medication prescription cardexs indicate the maximum dose of a PRN medication, however, this information will be highlighted more effectively to ensure visibility of instructions. Proposed Timescale: 31/12/16

ACTION: The use of the Abbey pain scale tool or other appropriate tool is to be implemented for use with the resident with dementia to identify pain and the effect of analgesia. Our policy on pain management will be amended to reflect this. Proposed Timescale: 31/01/17

Proposed Timescale: 31/12/16 & 31/01/17

Proposed Timescale: 31/01/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

There was no risk assessment undertaken in relation to the use of bed rails. Care plans in place did not specify the frequency of safety checks for these residents. In addition there was not documentary evidence of how frequently safety checks were carried out.

7. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

ACTION: There are currently 2 residents who utilise bed rails, 1 resident by choice and 1 for safety as an active sleeper. Risk assessments and care plans are to be reviewed and amended as appropriate to ensure full compliance with the National Restraint Policy. A checklist has been implemented to document safety checks when bed rails are in use.

Proposed Timescale: 31/12/2016

Outcome 03: 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:

All staff did not fulfil their role in meeting the social and emotional needs of residents and the allocation of staff to support activity provision required improvements. There were inadequate staff allocated to support less able residents to participate in activities.

The activity was interrupted while the co-ordinator had to attend to the care needs of residents in the room

Staff interrupted the activity to enquire about menu choices.

Independent diners were inadequately supervised and the serving of the meal was too fast.

The social aspect of dining was not promoted.

8. 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:

ACTION: The activity programme in place is under continual review with our residents to ensure the social and emotional needs of residents are met. Staff involvement at this time has been reviewed to continue to ensure the necessary support to those less able

to participate. The timeframe of the activity programme has been amended to include a designated break in the activity time to enable residents to partake in refreshments, and this opportunity will also be used to enquire about meal choices.

ACTION: A review of the organisation of staff around mealtimes has been undertaken to ensure all residents continue to be assisted where needed and to enhance the overall dining experience.

Proposed Timescale: In place & ongoing

Proposed Timescale: 01/12/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The inspectors noted that some staff focused on tasks and did not fully implement the person centred approaches to care which the training sought to promote.

9. 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:

Action: All outstanding staff training for 2016 (3) will be completed by year end, with an emphasis placed on our policy of person – centred care, where applicable.

Proposed Timescale: 31/12/2016

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

The inspectors identified hazards which were not included in the risk register and required attention to mitigate the risks to residents:

The temperature of hot water in taps was too high and posed a risk of scalding.

Radiators in communal rooms were too hot to touch and posed a risk of burns.

The laundry room was unlocked and vulnerable residents had access to chemicals such as bleach and detergents.

The open fencing in part of the garden beside a steep incline posed a risk to residents.

All residents had a personal emergency evacuation plan (PEEP) which considered the mobility status of each resident, assistive equipment and the number of staff required to evacuate the resident. The information in the PEEPs did not consider the cognitive status and behaviours that required consideration should an emergency evacuation be required.

10. 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:

Action: All water temperatures have and continue to be checked and are within required levels and are monitored regularly and documented to ensure this. A complete evaluation of the heating system has commenced in order to address and rectify any issues, including those identified. For full completion by 31/03/16 or earlier.

Action: A locked cupboard has been installed in the laundry room for the safe storage of chemicals. Complete

Action: A review of the fencing in the identified outdoor area is being undertaken and necessary action to ensure there are no risks posed will be implemented.

Action: The PEEPs of residents have been amended to include information regarding cognitive status and any behaviours that may challenge. Complete

Proposed Timescale: Complete & ongoing

Proposed Timescale: 01/12/2016