

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodlands House Nursing Home
Centre ID:	OSV-0000186
Centre address:	Trim Road, Navan, Meath.
Telephone number:	046 902 8617
Email address:	woodlandshousenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sandcreek Limited
Provider Nominee:	Fintan O'Connor
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

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.

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 September 2016 09:30	21 September 2016 17:30
22 September 2016 09:30	22 September 2016 16:20

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	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. All actions from the last inspection of the centre in March 2015 were found to be satisfactorily completed.

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 provider completed the self-assessment document by comparing the service provided with 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.

Residents' accommodation in the centre was provided at ground floor level and residents with dementia integrated with the other residents. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia. The inspector found that the management team and staff were committed to providing a quality service for residents with dementia. This commitment was clearly demonstrated in work done to date to optimize the physical and mental health and quality of life for residents with dementia living in the centre.

The inspector met with residents, relatives and staff members during the inspection. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia using a validated observation tool were observed by the inspector. This observation evidenced that staff engaged positively with residents with dementia. The inspector reviewed documentation such as care plans, medical records, staff files and examined relevant policies including those submitted prior to inspection.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and the use of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live fulfilling lives.

Residents physical and mental health needs were met to a good standard. Residents with dementia were supported to participate in activities that met their interests and capabilities.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

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

The centre catered for residents with a range of needs. On the day of this inspection, there were a total of 29 residents in the centre. Eight residents had dementia and two residents had symptoms of dementia. The inspector focused on the experience of residents with dementia on this inspection. They tracked the journey of a sample of residents with dementia and also reviewed specific aspects of care such as safeguarding, nutrition, wound care and end-of-life care in relation to other residents with dementia in the centre.

There were systems in place to optimise communications between residents/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital or their home in the community prior to admission. The inspector was informed that some residents currently in receipt of continuing care transitioned from a respite care admission basis. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

A copy of the Common Summary Assessments (CSARs), which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme, was available in addition to pre-assessment documentation completed by the person in charge. The files of residents' admitted to the centre from hospital also held their hospital discharge documentation. This record included a medical summary letter, multidisciplinary assessment details and a nursing assessment. The inspector examined the documentation that accompanied residents who were transferred to hospital from the centre. This summary documentation detailed the needs of residents transferring to hospital including information about their physical, mental and psychological health, medications and nursing needs. There was some reference to

information to support residents with physical and psychological symptoms of dementia (BPSD) or responsive behaviours on their transfer document such as their likes and preferences. This required greater detail to improve the information provided for residents with BPSB. A communication passport was not currently in use for residents with communication needs going to hospital. This communication tool is of value in supporting the communication needs of residents with dementia accessing services outside the centre to outline their individual preferences, dislikes and strategies to prevent or to support those with physical and psychological symptoms of dementia. Residents were generally protected by safe medicine management policies and procedures but some improvements were required to ensure the route of administration was prescribed.

There was evidence that residents received timely access to health care services. Residents also attended out-patient appointments and were referred as necessary to the acute hospital services. The person in charge confirmed that a number of GPs were attending to the needs of residents in the centre, giving residents a choice of general practitioner. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents had access to allied healthcare professionals. Physiotherapy occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre with dementia. They supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular blood profiling and medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during 'end of life' care if required.

There were systems in place to meet the health and nursing needs of residents with dementia. There was evidence of on-going work to ensure assessment and documentation of residents' needs was maintained to a good standard. Residents' care plans were person-centred and informed their needs. Assessments of residents' needs were carried out within 48 hours of admission. Care plans were developed based on assessments of need and thereafter in line with residents changing needs. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. Care plans were updated routinely on a three-monthly basis or to reflect residents' changing care needs as necessary. The inspector found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and needs. There was evidence of involvement of residents and their families in residents' care plan development and reviews thereafter. Residents had a section in their care plan that addressed their communication needs. However, the communication policy document available required improvement to include strategies to inform residents' communication needs including residents with dementia. This policy was updated and forwarded to HIOA on 26 September 2016.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. No resident was in receipt of palliative care services at the time of this inspection. A pain assessment tool for residents, including residents who were non-verbal was available to support pain management. The inspector reviewed a number of 'end of life' care plans and found that they outlined the physical, psychological and spiritual needs of residents. Residents' individual wishes regarding place for receipt of 'end of life' care were also recorded. Advanced directives were in place for some residents regarding resuscitation procedures. Single rooms were available for 'end of life' care and relatives were facilitated to stay overnight with residents at the 'end of life' stage of their lives. Staff outlined how residents' religious and cultural practices were facilitated. Although not currently available, an oratory was at an advanced stage of development. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing. There was no evidence of pressure wounds developing in the centre. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal. The inspector reviewed wound management procedures in place for one resident with a chronic wound. The inspector was told this was the only resident with a wound in the centre. A policy document informed wound management and procedures in place reflected evidence based practice. Wounds were routinely photographed, wound dimensions were measured to monitor progress with healing and a treatment plan informed dressing procedures.

The nutrition and hydration needs of residents with dementia were met; however, some improvement was required in monitoring of residents' fluid and dietary intake procedures and communication of menu options. A policy document was in place. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Nutritional assessment and care plans were in place that outlined the recommendations of dietician and speech and language therapists where appropriate. The inspector saw that residents had a choice of hot meals for lunch and tea. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. The inspector found that residents on weight-reducing, diabetic and fortified diets, and residents who required modified consistency diets and thickened fluids, received the correct diets. Residents received discreet assistance with eating where necessary.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed on admission and regularly thereafter for risk of falls. There was a low incidence of resident falls with evidence of identification and implementation of learning from fall reviews. HIQA was notified of one incident of a resident falling and sustaining a bone fracture since 01 January 2016. Procedures were put in place to mitigate risk of further falls and residents at risk of falling were appropriately risk assessed with controls such as hip protection and sensor alarm

equipment put in place. All residents were appropriately supervised by staff as observed by the inspector on the day of inspection.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents. The inspector found that practices in relation to prescribing, administration and medication reviews met with regulatory requirements with the exception of one prescription where the administration route of some medications was not indicated. The inspector was told that a 'community intervention team' were accessible to residents to administer subcutaneous fluids to treat dehydration, perform male urinary catheterisation and administer intravenous medication in order to avoid unnecessary hospital admissions. The pharmacist who supplied residents' medications was facilitated to meet their obligations to residents. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors.

Judgment:

Substantially Compliant

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 inspector found that there were measures in place to protect all residents from abuse.

There was a policy in place to inform prevention, detection, reporting and responding to allegations or suspicions of abuse. Staff attended training on protection of vulnerable adults. Staff spoken with by the inspector could describe abuse recognition and were aware of their responsibility to report any incidents, allegations or suspicions of abuse. The provider and person in charge ensured that there were no barriers to disclosing abuse. Residents spoken with on the day of the inspection said that they felt safe in the centre and complimented the staff looking after them. All staff interactions with residents observed by the inspector were respectful, supportive and empowering.

There was a policy and procedures in place that promoted a positive approach to behaviours and psychological symptoms of dementia (BPSD). Most staff had received training in managing responsive behaviours. Care plans in place for two residents with responsive behaviours were examined by the inspector. They demonstrated that efforts were made to identify and alleviate the underlying causes of responsive behaviours. Staff spoken with by the inspector could also describe person-centred de-escalation techniques that they would use to manage individual resident's responsive behaviours.

Since the last inspection in March 2015, the person in charge developed a protocol to inform appropriate use of 'as required' (p.r.n.) psychotropic medications. There were no residents in receipt of this medication at the time of this inspection. The protocol was designed to be implemented as part of residents' behavioural support plans. There were policies and procedures in place to inform restraint use. A restraint register was maintained in the centre. Bedrails were used for nine residents. Each resident had a bedrail risk assessment completed to ensure residents' safety needs were met. The use of bedrails was being reviewed frequently by staff. There was evidence that alternatives to bedrails, such as low level beds and foam floor mats were trialled in consultation with residents. As a result, the number of residents using bedrails had decreased in the three months previous to this inspection.

There were systems in place to safeguard residents' money. The centre kept money on behalf of a number of residents, and this was securely stored. Records of transactions were reviewed since the last inspection to improve clarity. A sample of balances of residents' money were checked by the inspector and were all found to be correct. All transactions were recorded appropriately and signed by a staff member and the resident or their relative. Residents were provided with a lockable space in their bedrooms for to facilitate them to independently store personal possessions securely if they wished.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:
Residents with dementia were consulted with and supported to participate in the organisation of the centre. Residents were supported to make choices about their day-to-day lives. There were opportunities for residents to participate in activities that suited their interests and capabilities. Residents' privacy, dignity and overall quality of life in the centre were maintained to a good standard.

Residents' participated in regular resident forum meetings and there was evidence that residents with dementia attended these meetings. The meetings were minuted and referenced active discussion about life in the centre and areas for review were identified by the participants and actioned in response to issues raised by residents. There was evidence on this inspection that residents were supported and encouraged to make informed choices about their day to day lives in the centre. Staff were observed to support and encourage independent and informed choice. Residents had access to Independent advocacy services in addition to a volunteer advocate who visited the centre a number of times each week.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia in the centre before undertaking any care task and consulted with them about how they wished to spend their day and about care issues. Residents expressed their satisfaction with the opportunities provided and their quality of life in the centre. Staff worked to ensure that residents received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors. They closed bedroom doors and bed screens when delivering personal care. Privacy locks were available on all bedroom and toilet doors. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. Residents were free to choose how they spent their day, where they took their meals and what clothes they wore. All residents were addressed by their preferred name by staff.

An activity co-ordinator was responsible for assessing and identifying suitable activities to meet the interests and capabilities of each resident. She organised and with the support of care staff facilitated a variety of meaningful and interesting activities for residents in the centre. The activity co-ordinator was employed from Monday to Friday each week and care staff facilitated activities in the evenings and at weekends. Residents were observed to enjoy the group activities and were actively engaged in them. Residents with needs that were better met on a 1:1 basis were provided with a sensory based activation programme. The activity schedule included activities arranged for the mornings and afternoons and included music, dancing, quizzes, gardening, art and crafts, baking and sensory stimulation among others. The activity coordinator was enthusiastic about her work and knew the residents well. Documentation referencing each resident's level of participation in activities provided was being collated to assess whether the activities provided met the interests and capabilities of each resident.

The inspector observed the quality of interactions between staff and residents. A validated observational tool was used to rate and record the quality of interactions between staff and residents at five minute intervals in a sitting room and a dining room area. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. The observations concluded that there was good evidence of positive connective care with individual residents and opportunities were taken when completing tasks of care to positively engage with residents.

There were no restrictions on visitors and there were a number of areas in the centre where residents could meet visitors in private. Visitors were observed visiting throughout the day. Visitors spoken with by the inspector expressed their satisfaction with the care their relatives received in the centre. The centre is located close to the town centre. Staff told the inspector that family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers, televisions, radios and telephones.

Judgment:
Compliant

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:

A complaints log was in place which included records of verbal dissatisfaction expressed. There were no active complaints under investigation on the days of inspection. The independent appeals process was included including contact details for the office of the ombudsman. This was identified as an action on the last inspection and was satisfactorily completed. The complaints procedure was prominently displayed in the centre. The residents' guide also held details of the complaints policy and independent appeals process.

Residents spoken with confirmed they were aware that they could make a complaint if dissatisfied with any aspect of the service. Residents and relatives spoken with by the inspector expressed their satisfaction with the service provided. Residents told the inspector that they knew who to make a complaint to and felt they would be listened to. An advocacy service was available to residents who required assistance with making a complaint.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

The inspector found that the levels and skill mix of staff were appropriate to meet the assessed needs of residents, including those with dementia. A registered nurse was on duty at all times in the centre. There was an actual and planned staff rota which reflected the staffing levels on the day of the inspection. Staffing resources were reviewed since the last inspection in March 2015 by the person in charge to extend activity co-ordinator hours and appoint a full-time receptionist. The inspector observed that residents were well supervised and assisted as necessary. Call bells were answered

promptly.

The centre had effective recruitment procedures in place. Staff were supervised appropriately in their role and the person in charge had a schedule of annual appraisals for all staff.

A programme of training supported staff to complete mandatory training as well as engage in continuous professional development. Staff spoken with on the day of the inspection were knowledgeable regarding the training they had undertaken.

The inspector reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána vetting. Current professional registration details were available for all nurses working within the centre.

A number of volunteers were engaged in the centre, all of which had been subject to satisfactory An Garda Síochána vetting. Their roles and responsibilities had also been set out in writing by the centre.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the designated centre met its stated purpose to a good standard. The centre is a purpose single story premises located within close proximity to the local town centre. The interior accommodation provided a spacious and comfortable environment for residents with dementia. A temporary entrance is in operation while refurbishment work is underway. This entrance is staffed by a receptionist five days per week and managed by other staff in the centre in the evenings and at weekends. A number of communal rooms for residents' use were available including a quiet room where residents could relax to read, listen to the radio or meet with visitors. A spacious sitting room was also available with seating arranged to support residents to socialise and relax. The dining room was bright and although spacious was somewhat overcrowded when all residents chose to dine together on the days of inspection. Residents were accommodated in single and twin bedrooms. Additional wheelchair accessible toilets were available throughout the centre and were within close proximity to communal dining and sitting areas.

The floor space in residents' bedrooms met size, privacy and dignity requirements as outlined in HIQA's Standards and the legislation. Each bedroom was serviced with full en-suite facilities which were spacious and contained a toilet, shower and wash-hand basin. Bedrooms were fully fitted with lighting, heating and bedroom furniture consisting of beds, lockers, spacious wardrobes, a comfortable chair, bed tables, call bells and televisions. Reading lights were also fitted and in working order. Support rails were fitted in en suites in a contrasting colour to surrounding walls to support residents with reduced vision and dementia. Residents were encouraged to personalise their bedrooms and the inspector saw that many residents had decorated their bedrooms with personal items of furniture, photographs and ornaments.

The inspector saw that the centre was built to a high standard and provided a therapeutic and comfortable environment for residents with dementia. The layout and design of bedroom and communal accommodation was spacious and bright and provided residents with choice and independence. One resident used a wheelchair to move around the centre. Circulating corridors were fitted with wall-lights. There was opportunity for improving access and safety for residents with dementia by painting handrails on circulating corridors a contrasting colour to walls. The use of colour and natural light was optimised to support the quality of life of residents with dementia. For example, large windows were fitted in bedrooms and in communal rooms. Floor covering on corridors was a neutral colour and bold patterns were avoided to promote ease of access. Doors were in a contrasting colour to walls. There was good use of signage and colour on doors to support residents with identifying key areas. Large-face clocks throughout promoted orientation. These combined actions optimised residents' independence.

Residents had unrestricted access to an internal safe courtyard. Raised flower and vegetable beds were located for residents' use in this area. Seating was provided in the courtyard and at various points along the exterior of the centre. Bedroom windows overlooking public areas were fitted with net curtains. The exterior of residents' bedroom windows overlooking the internal courtyard and a window on a quiet sitting room overlooking a children's playground was covered with a material that obstructed view inwards but did not prevent view outwards.

The inspector observed that there was suitable assistive equipment to support residents including grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among other equipment. Adequate storage facilities were available for residents' equipment.

Judgment:
Substantially 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:

Catherine Rose Connolly Gargan
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:	Woodlands House Nursing Home
Centre ID:	OSV-0000186
Date of inspection:	21/09/2016
Date of response:	31/10/2016

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:

Communication procedures of menu options required improvement to ensure residents with dementia were empowered to make an informed choice about what they ate.

1. Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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:

The current booklet of menu choices will be reviewed and upgraded to ensure residents are more easily facilitated in their choices of food items.

The Chef will commence taking photos of food choices and posting same on a board alongside a description so as to facilitate residents with their choices.

Proposed Timescale: Immediately

Proposed Timescale: 31/10/2016

Theme:

Safe care and support

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

Improvement was required in monitoring of residents' fluid and dietary intake procedures.

2. Action Required:

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

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

The method used to document amounts of fluids and food taken by a resident will be reviewed to ensure it is efficient, accurate and comprehensive and will be upgraded if any shortcomings are observed.

Proposed Timescale: Start immediately.

Proposed Timescale: 31/10/2016

Outcome 06: 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 dining room was overcrowded when all residents chose to dine together.

3. Action Required:

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

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

It is proposed to implement additional space across the hallway as a back up dining facility on occasions when every resident is dining at the same time.

In addition on such occasions it is proposed to look at a different system of perhaps two sittings .

The current dining room was architecturally designed to accommodate the necessary number of residents and their necessary devices such as wheelchairs. Many residents like to dine in their rooms and we will also continue to facilitate residents who make such a choice

Proposed Timescale: Reviewed immediately and implemented on occasions when necessary.

Proposed Timescale: 31/10/2016