<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Archersrath Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000191</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Archersrath, Kilkenny, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 779 0137</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:archersrathnursinghome@mowlamhealthcare.com">archersrathnursinghome@mowlamhealthcare.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>Mowlam Healthcare Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
</tr>
</tbody>
</table>
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: 18 April 2016 09:30
To: 18 April 2016 18:00
From: 19 April 2016 09:30
To: 19 April 2016 14:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
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 compared the service 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.

The inspector met with residents, relatives and staff members during the inspection.
She tracked the journey of a number of residents with dementia within the service. Care practices and interactions were observed between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records and staff training records. The self assessment questionnaire which was submitted by the person in charge prior to inspection was also reviewed.

Archersrath Nursing Home is purpose built and provides residential care for 62 people. Approximately 47% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

The inspector found that adequate arrangements were not in place to safeguard residents in the event of a fire. The inspector saw that two bedroom doors were wedged open. In addition, the closing mechanism had been removed from some bedroom doors. It was also noted that some staff had not attended fire training. These were discussed with the healthcare manager and provider nominee and immediate action was required. This was underway prior to the end of inspection and the Authority received a confirmation email with supporting evidence the following day to confirm the required actions were completed. This included a full audit of fire safety arrangements within the centre and the implementation of a robust system to prevent reoccurrence of these issues. This will be monitored by the Authority.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken on admission and care plans were in place to meet their assessed needs although some improvement was required to ensure that they were updated to reflect recommendations from allied health professionals.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Staff were offered a range of training opportunities including a range of dementia specific training courses. Improvement was required to ensure that the roles and responsibilities of volunteers were set out in writing.

Some measures were in place to protect residents from being harmed or abused but improvement was required to the policy in place, the safety checks when restraint was in use and the assessments completed for the management of behaviours that challenge.

Similarly further work was required to ensure that all residents were consulted regarding the organisation of the centre. While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned actions in relation to the premises.
These are discussed further 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:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However the arrangements to meet each resident’s assessed needs were not consistently set out in an individual care plan. In addition end of life assessments and care plans were not completed. Some improvement was also required to medication management practices.

The inspector reviewed a sample of residents' files and saw that an end of life assessment was not completed for the residents. This had previously been in place but was not in use at the time of inspection. Otherwise the inspector saw that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The person in charge stated that the centre received support from the local palliative care team if required.

There was a procedure in place for the return of possessions and specific handover bags were in use. Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. The inspector saw that a resource folder was available and this included articles of interest such as communicating end of life issues and supporting families.

The inspector reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example the inspector saw that a resident had been referred to a dietician. Specific recommendations were made regarding the type of diet required. However the care plan had not been updated to reflect this.

The inspector also noted that some care plans did not contain sufficient detail to guide staff. For example on reviewing a care plan for a resident with diabetes, the inspector...
noted that it stated to check the blood sugars regularly. It did not state how often or at what time of day. This was also noted in other care plans. For example the inspector reviewed the care plan of a resident with oral care needs. The care plan was not specific and stated that oral care was to be carried out regularly with no specific guidance for staff on what equipment or solutions were most appropriate.

Some improvement was required to ensure that each resident was protected by the centre's procedures for medication management. Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded in line with national guidelines.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. The person in charge outlined ongoing work to ensure the common summary assessment (CSARs) which was developed in the community prior to admission was available in the centre.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required in a discrete, caring and respectful manner. The food provided was appropriately presented and provided in sufficient quantities. Weights were carried out at regular intervals, dietary/fluid intake was recorded daily and nutritional assessments were carried out. The specific dietary needs of residents were clearly documented in the kitchen. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Drinking water and juices were provided for residents and snacks were available outside of meal times if required.

Judgment:
Non Compliant - Moderate
### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that although some measures were in place to protect residents from being harmed or abused, improvement was required to the policy in place on identifying and responding to elder abuse, the safety checks when restraint was in use and the management of behaviours that challenge.

Staff had received training on identifying and responding to elder abuse. There was a policy in place, however this had not been updated to reflect the more recent national policy on safeguarding vulnerable persons at risk of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw however that assessments had not been completed and therefore possible triggers and appropriate interventions were not recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behavioural and psychological signs of dementia in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. However there was no documented evidence that the two hourly safety checks were being completed in line with the policy in place. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails.

**Judgment:**
Non Compliant - Moderate
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 inspector was satisfied residents' privacy and dignity was respected although some improvement was required to ensure that all residents were consulted on a regular basis.

There was a residents’ committee but the meetings were not held regularly. There was limited evidence that residents with dementia were included at this committee or if alternative arrangements were in place to ensure that they were consulted as regards the organisation of the centre.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. There was some signage to direct residents to bedrooms and bathrooms.

The inspector was satisfied that residents' religious and civil rights were supported. Mass was transmitted from the local church every morning and some residents chose to go out to local services. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Residents were conversant in current affairs and reported being afforded the opportunity to vote. In house voting was available at the recent election and some residents preferred to return to their own locality to vote.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room and the dining room at lunch time. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 21% of interactions demonstrated positive connective care, 25% reflected task orientated care, 46% indicated neutral care while 8% indicated protective and controlling care. Improvements were required in this area and these results were discussed with the staff who attended the feedback meeting.

There was an activity coordinator employed in the centre and another person was also employed to come in a couple of days a week to provide specific activities such as
memory games and exercises. The inspector found there was a varied activities programme with arts and crafts, exercise, bingo, quiz sessions and music included. The inspector spoke with the activity co-ordinator on duty and found that she was very familiar with the needs of the residents. She discussed ongoing development work in relation to residents with dementia. Although at its infancy, it included reviewing dementia appropriate techniques such as developing life stories for each resident.

The inspector saw that a relative survey had been completed and a plan was in place to repeat this on a regular basis. The results were used for learning and to improve the service. For example although staffing levels were the same some relatives felt that there was less of a presence of staff at weekends. Arrangements were put in place to ensure that the nurses were available to residents or relatives. Other items included a review of menus with the chefs.

Advocacy services were available.

**Judgment:**
Substantially Compliant

---

### Outcome 04: Complaints procedures

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

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

**Findings:**
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

The inspector read the complaints log and saw that all complaints received had been investigated and any required actions were taken. The outcome and satisfaction of the complainant were recorded.

**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 inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the centre. All staff were supervised on an appropriate basis. Improvement was required to documentation relating to volunteers and some staff files.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the Regulations.

There was a recruitment policy in place. The inspector reviewed a sample of staff files and found that some were not complete. For example some files did not contain a satisfactory history of any gaps in employment as required by the Regulations.

The inspector saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on issues such as confidentiality and policies and this was signed off once completed. Appraisals also took place on a yearly basis and the inspector saw that when required areas for additional improvement by individual staff members were outlined.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

The training records for all staff were reviewed and saw that a wide range of training was provided for staff including training in areas such as dementia, managing behaviours that challenge and infection control. The healthcare manager who attended the centre on the days of inspection told the inspector of her intention to run additional courses in dementia care for all staff.

**Judgment:**
Non Compliant - Moderate
## 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:

Archersrath Nursing Home is a purpose built centre with 50 single and 5 twin rooms with en-suite facilities. There is one additional twin room without en-suite facilities. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, two dining rooms and an oratory. Other communal space included a library and a hairdressing room and smoking room.

A kitchen, pantry, visitor’s room, laundry room, two sluice rooms and equipment storage room, staff changing rooms, nurse’s station, staff office and reception desk complete the accommodation. The inspector noted that the front reception area was popular with residents and visitors.

Bedroom doors were painted in contrasting strong colours such as red, green and blue. Comfortable seating was provided in the day rooms, dining room, bedrooms, foyer and alcove. There was adequate communal and private space.

The building is wheelchair accessible. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working call-bells were evident in all areas.

Dementia friendly signage was in place. The person in charge discussed plans afoot to further enhance the environment. This included making the doors to toilets a similar colour throughout the centre and providing contrasting colours in the toilets to enhance orientation.

There was a schedule for ongoing maintenance and purchasing of equipment.

There were two internal courtyards one of which had raised flower beds, seating and a fountain. There was also an extensive well maintained garden area to the front of the building and ample parking was provided.

### Judgment:
Substantially Compliant
Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
Although this outcome was not being inspected, it was noted that adequate arrangements were not in place to safeguard residents in the event of a fire. The inspector saw that two bedroom doors were wedged open. In addition, the closing mechanism had been removed from some bedroom doors. It was also noted that some staff had not attended fire training. These were discussed with the healthcare manager and provider nominee and immediate action was required.

This action was underway prior to the end of inspection and the Authority received a confirmation email with supporting evidence the following day to confirm they were completed. This included a full audit of fire safety arrangements within the centre and the implementation of a robust system to prevent reoccurrence of these issues.

- All closing mechanisms for fire doors have been re-fitted.
- Where requested by residents, mechanisms to keep the doors open have been installed.
- All of these mechanisms have been commissioned by a consultant fire company.
- All outstanding staff attended fire training.
- The provider undertook to ensure and verify that all staff are aware of their roles and responsibilities in relation to fire safety.

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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Archersrath Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000191</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18/04/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/05/2016</td>
</tr>
</tbody>
</table>

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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements to meet each resident’s assessed needs were not consistently set out in an individual care plan.
Some care plans did not contain sufficient detail to guide staff.

1. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each

---

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 Person in Charge (PIC), in conjunction with the nursing staff, will review all the residents individual care plans to ensure that they include all relevant details of the resident's condition and that they consistently meet and reflect each resident's assessed care needs at all times.

**Proposed Timescale:** 18/06/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans had not been updated to reflect the recommendations of various members of the multidisciplinary team.

**2. Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that all resident's individual care plans are prepared no later than 48 hours after resident's admission to Archersrath and are updated at least 4 monthly or as care needs change, and that they reflect the recommendations of all multidisciplinary team members.

**Proposed Timescale:** 10/06/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
End of life assessments and care plans were not completed.

**3. 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:
End of life care assessments and care plans will be completed for all residents involving the resident and /or next of kin.

**Proposed Timescale:** 30/06/2016

**Outcome 02: Safeguarding and Safety**

**Theme:**

---

Page 15 of 18
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicion of abuse. However, this had not been updated to reflect the more recent national policy on safeguarding vulnerable persons at risk of abuse.

4. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The policy in place covering prevention, detection, reporting and investigation of allegations or suspicion of abuse will be updated to reflect most recent national policy on safeguarding vulnerable persons at risk of abuse and will be reviewed as required or every 3 years.

**Proposed Timescale:** 30/06/2016

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>There was limited evidence that regular safety checks were carried out when restraint was in use.</td>
</tr>
</tbody>
</table>

5. 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:
In the event that restraint is required in Archersrath, the PIC will ensure that it will only be used as a measure of last resort, in accordance with national policy and that there will be documented evidence available at all times that regular safety checks of the residents are carried out.

**Proposed Timescale:** 11/06/2016

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</td>
<td>Some residents showed behavioural and psychological signs of dementia (BPSD). Assessments had not been completed and so possible triggers and appropriate</td>
</tr>
</tbody>
</table>
interventions were not recorded in their care plans.

6. **Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will continue to ensure that staff are trained in behavioural and psychological signs of dementia and that resident’s assessment findings and care plans contain sufficient details to guide staff regarding possible triggers and appropriate interventions.

**Proposed Timescale:** 11/06/2016

---

### 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:**
There was limited evidence that the residents with dementia were consulted about how the centre is planned or run.

7. **Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that all residents with dementia are consulted about day to day living in Archersrath, either on an individual basis, by inclusion in residents/family meetings or participation in satisfaction surveys.

**Proposed Timescale:** 30/06/2016

---

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff files were incomplete.

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

**Please state the actions you have taken or are planning to take:**
All the staff files are completed and will include all employee history documents as required by the Regulations.

**Proposed Timescale:** 30/05/2016  
**Theme:** Workforce  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The roles and responsibilities of volunteers were not set out in writing as required by the Regulations.

**9. Action Required:**  
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**  
The Person in Charge will set in writing the roles and responsibility of people involved on a voluntary basis with Archersrath.

**Proposed Timescale:** 30/05/2016

---

**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:**  
Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

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

**Please state the actions you have taken or are planning to take:**  
The Registered Provider will continue to enhance the environment to ensure that the design and layout will promote dignity, well-being and independence of residents with dementia. This will include making the doors to the toilets a similar colour throughout the centre.

**Proposed Timescale:** 30/06/2016