

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Catherine's Nursing Home
<b>Centre ID:</b>	OSV-0000283
<b>Centre address:</b>	Village Green, Freshford, Kilkenny.
<b>Telephone number:</b>	056 883 2432
<b>Email address:</b>	stcatherinesnh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	St Catherines Nursing Home Limited
<b>Provider Nominee:</b>	Jim Brosnan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	8

## **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:
16 August 2016 10:30	16 August 2016 17:30
17 August 2016 10:00	17 August 2016 14:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Non Compliant - Moderate
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**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.

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 previous table outlines the centre's and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. She

tracked the journey of a number of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

St. Catherine's Nursing Home provides residential care for 26 people. Approximately 65% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

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 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. Improvements were also required to some aspects of medication management. In addition the use of restraint required review to ensure compliance with national guidelines.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place but some staff files did not meet 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.

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 promotes positive connective care.

The complaints policy also required improvement. 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):**

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However improvements were required to ensure that medication management practices were safe. In addition, improvement was required to the care planning process. The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan and end of life documentation and assessment required improvement.

Improvement was required regarding a number of medication management practices to ensure that each resident was protected by the centre's procedures for medication management. It was unclear from the training records reviewed whether or not staff had attended any recent medication management training.

Medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period. In addition some residents required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

The inspector noted that the medication fridge had recently been moved to an open office area. The inspector was concerned because the fridge which contained medication did not have a locking facility. This was discussed with the person in charge who undertook to address this. The inspector noted that the temperature of the fridge, which was within acceptable limits, was recorded on a regular basis.

Otherwise the inspector observed safe medication management practices. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

Residents had access to the services of the pharmacist of their choice and the pharmacist was available to meet with residents if required.

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. However, improvement was required in this area.

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 speech and language therapist (SALT). Specific recommendations were made regarding providing assistance at meals. However the care plan had not been updated to reflect this. A similar issue was noted when specific instructions regarding dietary requirements were made by the dietician. Although the inspector was satisfied that practices were correct, the care plans did not reflect this.

Although there were several examples of good practice in relation to end of life, the inspector found that in some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided. The director of nursing outlined plans afoot to introduce additional documentation to ensure that residents end-of-life wishes and preferred care options were documented.

Although the end-of-life assessment was not consistently recorded, the inspector was otherwise satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Previous initiatives relating to end-of-life care continued. The person in charge stated that the centre received support and advice from the local palliative care team.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. An annual remembrance mass was held each year. There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in an acute hospital and letters from consultants detailing findings after clinic appointments were seen.

Residents' nutritional needs were met. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid

balance were accurately completed when required.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them. The chef discussed plans to introduce pictorial menus to assist residents with choosing their meal.

Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

Residents were supported to enjoy the social aspects of dining. The inspector noted that all tables were nicely laid and each had a pretty bud vase with flowers.

Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw that residents' likes, dislikes and special diets were all recorded. These were known by both care and catering staff. The inspector saw that catering staff spoke with residents during the meals asking if everything was alright.

The inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the chef continued to produce a wide range of home-baking including a variety of scones and cakes. A particular favourite of the residents spoken with was the dessert trolley which held an extensive range of desserts. This assisted residents with their choices.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dieticians, speech and language therapists, physiotherapists and occupational therapists. A full range of other services were available on request including chiropody, optical and dental services.

A number of different GPs provided medical services to the residents. Residents generally had the choice whether or not to remain with their own GP. GPs visited routinely and there was a responsive out-of-hours service available to residents seven days per week.

**Judgment:**  
Non Compliant - Moderate

### ***Outcome 02: Safeguarding and Safety***

**Theme:**

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

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

**Findings:**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. While some improvement was noted around the use of bedrails additional action was required to ensure that the usage was in line with national policy.

At the previous inspection it was noted that risk assessments were not completed prior to the use of restraint. The inspector saw that this had been addressed. There was also documented evidence that various alternatives had been tried prior to the use of bedrails. Additional equipment such as low beds and crash mats were in use to reduce the need for bedrails. However other action required from the previous inspection had not been completed.

Similar to the previous inspection, it was noted that the care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use. In addition it was noted that there was no documented evidence that safety checks were completed when bed rails were in use. The inspector also noted that lap belts were in use for two residents and risk assessments or safety checks were not in place for these.

It was also noted that the policy on restraint still required review to ensure that it was specific enough to guide practice and was based on the national policy on promoting a restraint free environment.

Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector noted that additional training had been provided for staff. The inspector also noted that additional support and advice were available to staff from the psychiatry services.

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse and this had been an action required from the previous inspection. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. At the time of inspection, this was being updated to reflect the national policy. 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.



The person in charge told the inspector that he did not manage any residents' finances currently. A policy was in place should it be required.

**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 that residents' privacy and dignity was respected. However some improvement was required to ensure that feedback was sought from residents with dementia and the activities available reflected the capacities and interests of each individual resident.

There was limited evidence that feedback was sought from residents with dementia on an ongoing basis regarding the services provided. Residents' meetings were held on a regular basis and minutes were maintained. However there was no evidence to suggest that the residents with dementia were included in this or that additional measures were undertaken to ensure that these residents had a say in the organisation of the centre. In addition the inspector noted that the provider had not carried out any resident or relative questionnaires to ascertain the level of satisfaction with the service provided.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms and dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 46% of interactions demonstrated positive connective care, 29% reflected task orientated care while 25% indicated neutral care.

The inspector noted that during one half hour interval 100% of interactions demonstrated positive connective care. This activity was related to a religious prayer service and the facilitator engaged all residents present during the course of the activity.

The inspector discussed these findings with the person in charge and director of nursing who undertook to monitor the social activity programme to ensure it meets the needs of all residents.

The inspector saw that the staff was committed to meeting the needs of the residents. 'My life Story' was completed for each resident 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 music and pet therapy. Staff told the inspector that one to one activities such as hand massage were carried out for residents who did not wish to engage in group activities but there was no documented evidence to support this.

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. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. The inspector noted good humoured banter between the residents and staff.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends although some residents told the inspector they like going home for day trips with their family. Advocacy services were available and an advocate chaired the resident committee meetings.

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.

**Judgment:**  
Substantially 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:**  
The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure. However the policy did not meet the requirements of the regulations.

The inspector reviewed the policy and saw that it detailed the procedure to follow should a complaint be received. However it did not contain details of the person nominated to ensure that all complaints were appropriately responded to and that the required records were maintained.

Otherwise the inspector saw evidence of good management of complaints. The

inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly. Residents told the inspector who they would talk to if they had a complaint and the number of complaints received was minimal. A summary of the complaints procedure was now displayed prominently and this was an action required from the previous inspection.

**Judgment:**

Non Compliant - Moderate

***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 was satisfied that there are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff had received up-to-date mandatory training and access to education and training to meet the needs of residents. Improvement was required to ensure that all staff and volunteers are recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and noted that three of the four files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

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. They had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the regulations.

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 person in charge promoted professional development for staff. Training records were difficult to follow and the inspector saw that record keeping would benefit from the use of a training matrix to identify which staff had attended training, which were due to attend and the dates of courses planned. Never the less staff spoken with confirmed they had attended several training courses this year. This included training on dementia care including the management of behaviours that challenge. Plans were in place to provide additional training on infection control in the autumn. All mandatory training was up to date.

The inspector also saw where staff appraisals were undertaken on a yearly basis and the

results of these were used to plan a training programme.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

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

**Findings:**

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Additional improvements, some of which were already planned, will ensure that the design and layout will promote the dignity, well being and independence of residents with a dementia.

St. Catherine's centre is a two storey building situated in a village setting looking out on the village green. The inspector found that the premises was homely in décor and furnishings. Recent renovation work had taken place and several areas of the centre were newly painted. These renovations had changed the bedroom layout and there are now 19 single, two twin and one three bedded room. The statement of purpose was being reviewed to reflect these changes.

Bedrooms were nicely personalised and comfortable. The size and layout of bedrooms met the needs of the residents although the three bedded room will require close monitoring in this regard. Adequate screening was available in shared rooms. There was lockable storage space available for residents in their bedrooms. The inspector noted that some bedrooms of residents with dementia contained personal memorabilia. The inspector noted that appropriate orientation boards were also in some bedrooms. The inspector saw a resident consulting this regarding the date. Clocks were also in each bedroom.

Corridors and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. Handrails and grab rails were provided where required in circulating areas and in bathrooms.

The inspector noted that efforts were well underway to make the premises more dementia friendly. All toilet doors were painted yellow and residents told the inspector that this helped them to find the toilet. Dementia friendly signage was evident around the centre.

There is a chair lift available to assist people to navigate between two floors although there were no residents upstairs at the time of inspection.

The director of nursing outlined plans to further enhance the environment. The

inspector noted that the design for residents with dementia could be further enhanced further by the use of pictures and photographs on bedroom doors to support residents to locate their rooms.

Furniture and equipment seen in use by residents was in good working condition. Mobility aids that included remote control beds and hoists were available to promote safe moving and handling practices. The kitchen was suitable in size, layout and equipment.

Other rooms available included two day rooms, two dining rooms, a visitors room, a kitchen, laundry and an office and nurses' station. Adequate toilet and bathroom facilities were available.

There was a call bell system in place at each resident's bed. There was suitable lighting and ventilation provided. Adequate arrangements were in place for the disposal of general and clinical waste. There was a smoking room available which was adequately ventilated although this was not currently required.

Equipment such as hoists, wheelchairs, specialist beds, chairs and clinical equipment such as nebulisers were available according to residents' needs. These were serviced regularly.

There was an enclosed garden area which was readily accessible and well maintained. Maintenance requirements were checked and attended to by the provider. Street parking was available.

The centre was secure with a restricted access system in place.

**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:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	St Catherine's Nursing Home
<b>Centre ID:</b>	OSV-0000283
<b>Date of inspection:</b>	16/08/2016
<b>Date of response:</b>	02/09/2016

### 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:**

Some care plans had not been updated to reflect the recommendations of various members of the multidisciplinary team.

#### **1. Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the

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

person's admission to the designated centre.

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

Care plans to be updated to reflect the recommendations of various members of the multidisciplinary team.

**Proposed Timescale:** 09/09/2016

**Theme:**

Safe care and support

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

It was unclear from the training records reviewed whether or not staff had attended any recent medication management training.

**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:**

All Registered Nurses to attend medication management training  
Training records to be reviewed to demonstrate attendance at training session

**Proposed Timescale:** 30/09/2016

**Theme:**

Safe care and support

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

Medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period.

Some residents required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

**3. 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:**

PRN Medications prescribed to state the maximum dose that could safely be administered in a 24 hour period.

Residents requiring crushed medication to be prescribed in line with national guidelines

**Proposed Timescale:** 01/09/2016

**Theme:**

Safe care and support

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

The medication fridge which contained medication did not have a locking facility.

**4. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medication fridge has locked facility

**Proposed Timescale:** 19/08/2016

## **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:**

Care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use.

There was no documented evidence that safety checks were completed when bed rails were in use.

Lap belts were in use for two residents and risk assessments or safety checks were not in place for these.

The policy on restraint was not specific enough to guide practice and was not based on the national policy on promoting a restraint free environment.

**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:**

Register in place to document 2 hourly safety checks for bed rail or lap belt if in use. Careplan includes this action taken.



Weekly checks to ensure equipment is safe.  
Policy updated to include above procedures and reflect national policy.

**Proposed Timescale:** 01/09/2016

### **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 feedback was sought from residents with dementia on an ongoing basis regarding the services provided.

**6. 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:**

A letter is sent to all residents families to inform them shortly after admission of our monthly meetings and inviting them to attend to represent the resident, however, we will now send monthly reminder to all families about the meeting particularly families of residents with dementia

**Proposed Timescale:** 30/09/2016

**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 activities available reflected the capacities and interests of each individual resident.

**7. 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:**

Review activities time table and increase time spent with residents, focusing on individual needs and capacities. This may involve introducing new activity providers

**Proposed Timescale:** 30/09/2016

## Outcome 04: Complaints procedures

**Theme:**

Person-centred care and support

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

The complaints policy did not contain details of the person nominated to ensure that all complaints were appropriately responded to and that the required records were maintained.

**8. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

Update policy to include a monitoring role for an identified person other than the person nominated to be available to ensure that all complaints are appropriately responded to and that the person nominated maintains the records.

**Proposed Timescale:** 09/09/2016

## Outcome 05: Suitable Staffing

**Theme:**

Workforce

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

Three of the four staff files reviewed did not contain a satisfactory history of any gaps in employment.

**9. 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 Staff files to be reviewed to clarify of any gaps in employment

**Proposed Timescale:** 09/09/2016

**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.

**10. 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:**

Roles and responsibilities of people involved on a voluntary basis are now set out in writing.

**Proposed Timescale:** 01/09/2016

**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.

**11. 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:**

Recent refurbishment and redecoration to continue

**Proposed Timescale:** 31/07/2016