

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Queen of Peace Nursing Home
Centre ID:	OSV-0000379
Centre address:	Churchfield, Knock, Mayo.
Telephone number:	094 938 8279/ 094 938 8659
Email address:	queenofpeacecare@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	MMM Partnership
Provider Nominee:	Gerard Meehan
Lead inspector:	Mary McCann
Support inspector(s):	Marie Matthews (Day 1 only)
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	0

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:
22 April 2016 15:00	22 April 2016 18:30
26 April 2016 09:30	26 April 2016 15:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 02: Governance and Management		Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre		Compliant
Outcome 08: Health and Safety and Risk Management		Substantially Compliant
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This was an unannounced inspection with a special focus on the provision of dementia care. The focus of this inspection was to evaluate the quality of life for residents with dementia. Inspectors focused on six outcomes that had direct impact on dementia care and followed up on the actions from the previous inspection completed in March 2015. All actions had been completed.

The Person in Charge had attended information seminars given by the Health Information and Quality Authority (HIQA) regarding dementia inspections. The centre did not have a dementia specific unit. At the time of this inspection, of the 32 residents accommodated, seven had a formal diagnosis of dementia. No resident was under 65 years of age.

Inspectors tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the inspectors. The results reflect the effect of the interactions on the majority of residents (This is discussed under the Outcome on Rights, Dignity and Consultation). A mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. It is also used to assess changes in a person who has already been diagnosed with dementia and can help to give an indication of how severe a person's symptoms are and how quickly their dementia is progressing.

At the request of the Authority the provider had submitted a completed self assessment on dementia care together with relevant policies and procedures. This stated that the centre was compliant with outcomes relating to Health and Social Care Needs, Safeguarding and Safety, Complaints Management, Suitable Staffing and Safe and Suitable Premises. The Provider had rated the outcome on relating to Health and Social Care Needs and Residents' Rights, Dignity and Consultation as substantially compliant. An action to achieve compliance in these areas was to build an extension to give more space to residents and have more single rooms. Plans are in the process of being developed for this extension.

Inspectors found that residents were well known by staff and the care needs of residents with dementia were met. This was achieved by the provision of dementia specific activities, person centred care planning and staff who were familiar with residents physical, social, psychological and emotional care needs.

There was a relaxed atmosphere in the centre where residents had good input into how they spent their days. There was an emphasis on person centred care and the residents being at the core of the planning and delivery of care. Residents were encouraged to maintain their interests and independence and could access the garden from the centre independently.

Residents looked well cared for and told the Inspectors that the 'staff help us every way they can', we are well looked after here. Mass was available daily and staff informed the Inspectors that many residents came to the centre as it was located near Knock Shrine and spiritual care was an important aspect of the needs of residents. The provider and his wife were actively involved in the running of the centre. Group and individual Sonas (a therapeutic activity for residents who are cognitively impaired) was available for residents. Many residents had an opportunity to engage in 'reminiscence therapy'. Pre admission assessments were conducted by the Person in Charge or his deputy which considered the health and social needs of

the potential resident. Residents' healthcare needs were met and the general practitioners visited regularly.

At the feedback meeting at the end of the inspection, the findings were discussed with the provider nominee, the Person in Charge and the two administration staff. Matters requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order 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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

At the time of the last inspection inspectors found improvement was required to some audits as inconsistencies identified in resident care plans had not been identified by the person in charge. This had been addressed. An audit system had been enacted by the Person in Charge. However, quality improvement plans required more input to ensure that any deficits identified were addressed.

Judgment:

Substantially Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

At the time of the last inspection inspectors found that

-The policy on self administration of medication did not adequately outline the procedure for supporting residents to self administer medication if they so wished.

-The medication policy did not include the procedure for disposing transdermal patches.

These issues had been addressed. The medication policy had been reviewed and outlined a procedure for supporting residents to self administer medication if they so wished and for safe disposal of all medicines.

Other areas that required review post the last inspection included care plans supporting residents' oral hygiene needs, this had been reviewed. Where residents require assistance with oral hygiene a care plan was in place.

Residents' missing persons' profiles were also reviewed since the last inspection and were found to be complete.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

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

Findings:

At the time of the last inspection inspectors found that bedroom doors were being held open with items such as bins. This was not observed on this inspection. All staff had attended refresher fire safety training in February 2016.

Some staff had not taken part in a fire drill and some staff were not adequately knowledgeable regarding the procedure to be followed in the event of a fire in the centre. This action had been addressed. Regular fire drills were occurring. The provider had completed a course in Fire safety and was qualified to provide fire safety training.

The provider informed the Inspectors that simulated fire drills with the least amount of staff available had been undertaken, but no records were available of these occurring.

Judgment:
Substantially Compliant

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to assessments and care planning, access to allied health professional, maintenance of records and policies supporting contemporary evidence based practice. The social care of residents with dementia is reported under Rights Dignity and Consultation.

Inspectors followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. All aspects of care provided to include physical, psychological, social and emotional care was reviewed.

Pre admission assessments were completed to identify residents' individual needs and choices. There was evidence of communication with family members and the referring agency/person. An admission policy was available and the Inspectors found that this was reflected in practice. On review of residents' care files Inspectors found that their hospital discharge documentation was available. However, most files of residents admitted under 'Fair deal' did not include a copy of the Common Summary Assessments (CSARS) which details the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment.

Comprehensive assessments and a range of additional risk assessments had been carried out for all residents and care plans had been developed based on needs identified. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. However, some nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include whether the resident was seen by a dietician or speech and language therapy and when seen by these professionals their advice and recommendations was not included in the care plan. It was available in the allied health professional documentation. Care plans were reviewed on a four monthly basis but there was poor evidence of involvement of residents or relatives/significant others.

Inspectors observed residents having their lunch in the dining room. Adequate staff were available to assist and monitor intake at meal times. Some residents choose to dine in their own bedrooms, and this was facilitated. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. One of the Inspectors met with the chef. He displayed a thorough knowledge of the nutritional needs of residents and was observed chatting with residents and conferring with them regarding their views and choices regarding meals. Residents confirmed that

they enjoyed the food. The meals were hot and well presented. The kitchen was open 24hrs per day and snacks were available. Inspectors saw residents being offered drinks throughout the day and residents told the Inspectors that they could have a drink and/or a snack any time they asked for them.

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist attended the centre one day per week. Residents were facilitated to keep their own General Practitioner on admission to the centre if this was their choice. There was evidence in the medical files of access to the General Practitioner.

There were written policies and procedures in place governing the management of medications in the centre. One of the Inspectors observed medication administration practices and found that they were in compliance with relevant professional guidance. Prescription and administration records contained appropriate identifying information including residents' photographs and were clear and legible. Appropriate procedures were in place for the return of unused /out of date medications.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated falls assessment tool. A validated falls prevention programme was in place and audits supported that the level of falls had decreased significantly. Falls prevention care plans were in place. These provided guidance to staff in the delivery of safe care and what detailed aids such as sensor mats/walking aids to mitigate the risk of further falls for the resident. Evidence was available that post-fall observations including neurological observations were undertaken to monitor neurological function after a possible head injury as a result of a fall. All residents who fell were reviewed by the physiotherapist post the fall.

Systems were in place to prevent unnecessary hospital admissions. Staff had been trained in sub-cutaneous fluid administration and the centre described good links with the palliative care team. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter.

Systems were in place in relation to transfers and discharge of residents and hospital admissions. Inspectors saw in some files reviewed that residents had on occasions been admitted to the local acute hospital. There was evidence available of communication between the centre and acute care services when a resident was being transferred for care. Residents were accompanied by a relative to their out-patient clinic appointments and hospital admissions. Where this was not possible a staff member would attend. A centre bus was available and this was used to transport residents to their medical appointments when required.

Staff had attended training in End of Life Care. Staff provided end of life care to residents with the support of their General Practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs and reflected resident's wishes and preferred pathway at end of life. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented.

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:
At the time of the last inspection inspectors found some staff did not display adequate knowledge of an appropriate response to allegations of abuse and did not adequately outline how the resident would be safeguarded. This action had been addressed. A policy on and procedures for safeguarding vulnerable adults as risk of abuse was in place. All staff had attended updated training on safeguarding vulnerable adults. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. They confirmed that there were no barriers to raising issues of concern and voiced that the welfare of the resident was paramount. A review of incidents since the previous inspection showed that there were no allegations of abuse recorded.

There were policies in place about managing behavioural and psychological signs and symptoms of dementia (BPSD) and restrictive practices. One of the Inspectors reviewed behaviour support plans for some residents. None of these plans were actively been implemented as there was no requirement for same at the time of inspection. However, they require review to ensure they are person centred and contain a specific reactive strategy in order to guide and inform staff regarding the management of behaviours expressed.

A policy on enabler/restraint use was in place to guide practice. There were risk assessments completed for residents who had bed rails in place. Some bedrails were in use that had an enabling function. The rationale for the use of the enabler was signed by the physiotherapist only even though the policy directed that the use of bedrails would be reviewed by the multi disciplinary team. Additionally care plans were not in place to support the enabling function for the resident.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

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

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

Findings:

At the time of the last inspection inspectors found one bedroom did not provide adequate screening to allow both residents privacy to undertake personal activities in private. This had been addressed. Screening in all twin rooms provided privacy to residents to ensure they could undertake personal activities in private.

Inspectors found that residents were consulted on the organisation of the centre. Quarterly resident meetings were held with residents. The last meeting was attended by 13 residents occurred on the 3 March 2016. Minutes of these meetings supported that residents were involved, in discussing activities, the food and their views of the service provided. Residents' privacy and dignity was respected.

A range of activities were available, including crafts, flower arranging, cards, exercise class and going for walks. A picture version of the activity schedule was available. One of the Inspectors met with the activity co-coordinator. She explained the assessments she carried out to ensure that a comprehensive social care history was obtained and a list of suitable and preferred activities was available for each resident. An activity attendance record was available for each resident. A quarterly newsletter was produced which was available to residents and relatives. One area that required review was the completion of personal calendars which would ensure that special dates for residents would be celebrated and acknowledged.

Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated daily in the centre. There were no restrictions on visitors and residents could meet visitors in private. On the days of inspection visitors were observed spending time with residents in the sitting room. Some residents chose to spend time in their bedrooms watching TV or with visitors or friends according to their own individual preferences.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a high level of positive interactions between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to voice their views and opinions.

Inspectors observed that staff chatted with residents as they met them throughout the centre checking with them and as they accompanied them to the bathroom or dining room. There were staff available at all time in the communal areas. Inspectors found that staff knew residents well and were familiar with their care needs, routines and patterns of behaviour.

An independent advocacy service was available.

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:

At the time of the last inspection inspectors found the procedure for appealing the findings of an investigation into a complaint was not clearly outlined. This had been addressed

A complaints policy was in place. Complaints that could not be resolved locally were escalated up to management. Complaints were detailed in the complaints log. The inspector reviewed the complaints records and details were maintained about each complaint, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. The inspector found that complaints were appropriately responded to and records were kept as required. No resident, staff member or relative spoken with by the Inspectors raised any concern with regard to the care or service provided.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Findings:

At the time of the last inspection inspectors found

Garda vetting was not in place for volunteers,
Volunteers did not have their roles and responsibilities clearly set out in writing prior to commencement of any duties and
Volunteers were not being supervised.

At the time of this inspection the centre had no volunteers. The Person in Charge

informed the inspectors that if volunteers were recruited he was aware of the procedures as documented in the regulations.

With regard to the direct delivery of care to residents, Inspectors found there were always two nurses on duty from 08:00 to 16:30 hours, four care staff on duty in the am and three in the evening up to 21:00hrs. In addition there was a chef, cleaning, laundry, administration and an activity co-ordinator. One nurse and one carer were on night duty.

Inspectors observed that staff delivered care in a respectful and timely manner. Staff were supervised appropriate to their role. There was always a member of management on duty to supervise and support staff. On the days of inspection Inspectors found there were appropriate staff numbers to meet the needs of residents. A planned and actual staff roster was in place, with any changes clearly indicated and the staffing in place on the day of inspection was reflected in this roster. Inspectors noted that these were the standard staffing levels. This was also confirmed by staff.

There were effective recruitment procedures in place, and a random selection of staff files were checked by one of the inspectors to ensure that all the requirements of Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available. Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons. Other courses attended food hygiene, dementia care, hand hygiene, end of life care and health and safety.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:

The design and layout of the centre where residents with dementia integrated with other residents met its stated purpose. The environment was calm and relaxed and conducive to the provision of dementia care. There were 32 residents in the centre on the day of inspection and they were accommodated for recreational purposes in two different sitting rooms and some chose to spend quiet time in their bedrooms. The provider informed the inspector that he plans to complete an extension to ensure that residents have more space and more residents will be accommodated in ensuite rooms. Currently 20 bedrooms are single, four of which have an ensuite with toilet and

shower and 16 have an ensuite shower. There are six twin rooms, four of which have a wash hand basin and two have an ensuite toilet. The centre was clean and bright and residents were free to walk around the premises and some could go outside independently into a safe secure garden area. Floor coverings were a neutral colour and design throughout and bold patterns were avoided. Signage was available to give cues to residents to direct them towards their bedrooms. Some bedroom doors had personalised features to make them more easily identifiable to residents with dementia. However consideration should be given to greater use of colour to aid and assist residents and allay anxiety while maintaining independence. The dining room had double doors which were open so as to orientate residents. Toilets and bathrooms had non verbal signage. The centre was decorated and fitted with domestic style furnishings. Easy to read clocks were available. A visitor's room was available.

There was adequate wardrobe space available to residents. Inspectors observed that a number of residents had personalised their rooms with personal items including photos. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were available, with records available supporting that they were regularly serviced. Residents spoken with confirmed that they felt comfortable and safe in the centre.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
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:	Queen of Peace Nursing Home
Centre ID:	OSV-0000379
Date of inspection:	22/04/2016
Date of response:	30/05/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Quality improvement plans required more input to ensure that any deficits identified were addressed.

1. Action Required:

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

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

monitored.

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

In line with regulation 23(C) the quality management system in place will be reviewed to ensure deficits addressed are rectified, documented and followed up in a timely manner.

Proposed Timescale: 01/06/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The provider informed the Inspectors that simulated fire drills with the least amount of staff available had been undertaken, but no records were available of these occurring.

2. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

In line with regulation 28(1)(E) the provider will ensure all members of staff are aware of the correct procedure to be followed in the case of a fire and ensure drills conducted are documented.

Proposed Timescale: 27/04/2016

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:

Some nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care.

3. Action Required:

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

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

In line with regulation 05(01) all nutritional care plans have been reviewed and recommendations from both the SALT and dietician updated to reflect this.

Proposed Timescale: 13/05/2016

Theme:

Safe care and support

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

Care plans were reviewed on a four monthly basis but there was poor evidence of involvement of residents or relatives/significant others.

4. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will ensure all current care plans are reviewed in line with regulation 05(4) & (3) to reflect the involvement of the resident and relatives/significant other. Going forward all new care plans will clearly demonstrate involvement with the resident, relative/significant other.

Proposed Timescale: 01/06/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

There were policies in place about managing behavioural and psychological signs and symptoms of dementia (BPSD) and restrictive practices. The Inspectors reviewed behaviour support plans for some residents and these required review to ensure they are person centred and contain a specific reactive strategy in order to guide and inform staff regarding the management of behaviours expressed.

5. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

In line with regulation 07(1) we will review all behaviour support plans to ensure they are person centered and contain specific reactive strategies.

Proposed Timescale: 01/06/2016

Theme:

Safe care and support

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

The rationale for the use of the enabler was signed by the physiotherapist only even though the policy directed that the use of bedrails would be reviewed by the multi disciplinary team. Additionally care plans were not in place to support the enabling function for the resident.

6. 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 line with regulation 07(3) all enabler assessment forms will be signed by the multi-disciplinary team as stated in our local policy. All decisions made by the mutli disciplinary team will be reflected in the resident care plans.

Proposed Timescale: 01/06/2016

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:

An area that required review was the completion of personal calendars which would ensure that special dates for residents would be celebrated and acknowledged.

7. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

In line with regulation 09(2)(a) all personal calendars will be reviewed and updated to include all special dates.

Proposed Timescale: 10/06/2016