

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Roseville House Nursing Home
Centre ID:	OSV-0000427
Centre address:	Killonan, Ballysimon, Limerick, Limerick.
Telephone number:	061 333 897
Email address:	adminroseville@ehg.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elder Nursing Homes Ltd
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 September 2016 09:00	06 September 2016 17:00
07 September 2016 09:00	07 September 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 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

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.

While this centre does not have a dementia specific unit the inspector focused on the

care of residents with a dementia during this inspection. Twenty two residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The inspector found that residents' overall healthcare needs were generally met and they had access to appropriate medical and allied healthcare services. However, many inconsistencies and inaccuracies were noted in the nursing documentation. This is discussed further under Outcome 1: Health and social care needs.

Staff continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for all residents.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Improvements were required to the nursing documentation, privacy and dignity, complaints management, staffing skill mix and signage. These areas for improvement are discussed further throughout the report and included in the action plan at the end of the report.

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 found that improvements were required to ensuring that some residents' overall healthcare needs were met and that they were referred to appropriate allied healthcare services. Nursing documentation was not always reflective of the care described. Residents had opportunities to participate in meaningful activities, appropriate their interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector reviewed a sample of medication prescription/administration charts and noted that medications were regularly reviewed. However, the inspector noted that a prescribed nutritional supplement was not recorded as administered on a number of days.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. The inspector noted that these medications were administered occasionally to some residents, however, there were no records maintained to indicate the rationale for their use or with what effect contrary to the centres own policy on the administration of PRN 'as required' medications.

A full range of allied health services were available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. However, the inspector had some concerns that some residents who required specialised seating had not been assessed by the OT. This was discussed with the person in charge who undertook to arrange an assessment.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was

developed on admission.

There was a new computerised nurse documentation system in place since the last inspection. The inspector reviewed a sample of residents' files including a resident with a wound, at high risk of falls, nutritionally at risk, with communication issues, at risk of absconding and who had recently been admitted to hospital.

A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, continence and risk.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation, communication, controlling temperature, social well-being, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans were person centered and individualised. The inspector noted that while care plans were regularly reviewed and updated, the care plans did not always reflect the changed needs of some residents.

The inspector noted many inconsistencies and inaccuracies in the nursing documentation including

- some care plans were not updated to reflect changes in the residents' needs
- some care plans were not updated to reflect changes in residents' risk assessments
- a copy of the hospital transfer letter for a resident who had recently been admitted to hospital was not available
- some nursing progress notes were completed inaccurately indicating that a resident's care needs were met and medications administered on a number of nights when the resident was not in the nursing home as they were in hospital at the time
- wound assessments were not always updated at the change of dressing
- a wound was inaccurately assessed as Grade one
- communication with residents' families was not always documented.

The person in charge told the inspector that while staff were good to communicate with residents' families this was not always recorded.

Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents' needs. Care staff attended daily handover and told the inspector that any changes to the residents' needs were clearly communicated to them, they told the inspector that systems were in place to ensure that any changes or information relating to residents' needs was used to update and inform the care plans.

Nursing staff told the inspector that a hospital transfer letter was completed when a resident was being transferred to hospital to ensure that the appropriate information relevant to the wellbeing and quality of life of the resident particularly with dementia was provided. The inspector was shown the transfer letter template which included areas to record appropriate information about the residents' health, medications and their specific needs. However, there was no copy of the transfer letter for a resident who had recently been admitted to hospital.

The inspector reviewed the file of a resident with a wound and noted that wound assessment's and care plans were in place. The wound was being photographed on a weekly basis. However, the inspector noted that the wound had been assessed inaccurately as Grade 1 where it was clear that the wound was a Grade 2. The wound assessments had not been updated at the change of each dressing therefore it was difficult to assess the progress of the wound.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. A post falls review had been carried out by the physiotherapist. Low-low beds, crash mats, sensor alarms and hip protectors were in use for some residents.

All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). However, the inspector noted that a resident with dementia who had been losing weight for the past three months had not been reviewed by the GP in relation to the weight loss and had not been referred to the dietician. When this was brought to the attention of the person in charge she undertook and commenced a three day food and fluid intake chart in order that the dietician could then review. The SALT had reviewed at risk residents and recommendation's were recorded in residents files. Staff spoken with were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The daily menu was displayed and choice was available at every meal. The inspector observed the lunch time meal experience and noted it to be a pleasant one. Lunch and evening meals were served to residents in the dining room and in the day room areas. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector noted that staff assisting residents with a dementia were caring and sensitive, they explained what foods were on offer and gently reminded some to swallow. Modified consistency diets were nicely presented and included a variety of texture and colour. Many staff had received training in relation to dysphagia and nutrition. The inspector noted that drinks and snacks were offered and encouraged regularly throughout the day. A vending machine had recently been provided in the main hallway where residents and visitors could access cold drinks, sweets and snacks.

Staff provided end of life care to residents with the support of their GP and the community palliative care team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Files reviewed indicated that residents were referred, reviewed and assessed by the palliative care team. Some residents had signed and witnessed advance care directives in place. Many staff had undertaken training in end of life care.

Staff informed the inspector that they continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for

all residents. The social care needs of each resident were assessed and records were maintained of each residents participation in activities. Detailed life histories and photographic albums had been documented for most residents and staff used this information when conversing with residents.

There were two activities coordinators employed in the centre. There was a range of activities taking place including Sonas (therapeutic programme specifically for people with Alzheimer's disease), massage, relaxation therapy, dog therapy, reminiscence, arts and crafts, bingo, quizzes and word wheels. Musicians visited regularly, the local priest visited and celebrated mass weekly. Many of the residents actively partook in activities while others joined in for shorter periods. Both activities coordinators had completed the Sonas training programme and dementia care training. One of the coordinators had completed massage therapy. Coordinators spoken with told the inspectors that they carried out group activities as well as one to one activities with some residents.

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 provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on protecting residents from abuse, responding to allegations of elder abuse, management of whistle blowing and protection of residents accounts and personal property. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. All new staff had received training in relation to elder abuse as part of the induction process and the person in charge told the inspector that further formal training was planned for all recently recruited staff. The inspector was satisfied that a recent allegation of abuse was being managed in line with centre policies.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment,

there were no bed rails in use at the time of inspection and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents.

The inspector observed that residents appeared relaxed, calm and content. The person in charge stated that there were no residents presenting with behaviours that challenged at the time of inspection.

Staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The person in charge told the inspector that residents finances were not managed in the centre, however small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account sheets were kept for each resident detailing all transactions. Two signatures were recorded for each transaction and receipts were kept for any purchases made on behalf of residents.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Relatives spoken with felt their relatives were being supported by great staff and received good care.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that residents and their families were consulted in the organisation of the centre, and that their privacy and dignity was generally respected.

Residents committee meetings were held on a regular three monthly basis and were facilitated by the person in charge from another centre in the group. Notice of upcoming meetings were displayed and relatives were written to and invited to attend. Minutes of meetings were recorded, issues discussed included catering/food, activities and any other issues residents or relatives wished to discuss. The next meeting was scheduled for 21 September 2016 and was due to be held in the evening time to facilitate the attendance of more family members.

Satisfaction questionnaires were forwarded to all residents /relatives on an annual basis. The most recent survey had been completed in April 2016 and the overall feedback was very positive. As a result of the feedback the person in charge had undertook to review activities and to communicate any changes to staff with residents and their families.

An information poster regarding the national advocacy service SAGE (Support and Advocacy Service for Older People) was displayed in the centre. The person in charge advised that a representative from SAGE had visited the centre and had explained their role to residents and staff.

The inspector noted that while the privacy and dignity of residents was generally respected. Bedroom/ bathroom doors were closed and screening curtains fully enclosed beds when personal care was being delivered. However, the inspector had concerns that a glass panel on one of the bathroom doors was not provided with suitable screening and screening curtains in some shared bedrooms were very short which compromised the privacy and dignity of residents. The person in charge advised that the screen used on the bathroom door had been sent to the laundry and that new longer length screening curtains were on order for the shared bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents availed of the service.

Staff were observed offering choice such as choice of preferred drinks and snacks, preferred meal option, preferred place to have their meals and preferred place to sit. Residents spoken with confirmed that they could have their meals in the dining room, in one of the day rooms or in their bedrooms, they told the inspector that they could have their breakfast at whatever time they wished. Resident's were given the choice to join in or opt out of taking part in activities.

Residents' religious and political rights were facilitated. The local priest visited and celebrated Mass weekly. Residents told the inspector that they enjoyed attending mass and reciting the rosary. The person in charge told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent general election.

Residents had access to information on current affairs, radio, television and newspapers. Some residents told the inspector that they enjoyed reading the daily newspaper and other magazines. The activities coordinator also supported some residents to read newspapers, magazines and books of particular interest to them.

The inspector was satisfied that the communication needs of residents were being met. Care plans outlining the communication needs of residents were detailed, person centered and guided practice. Staff spoken with were aware of the communication needs including the specific needs of some residents.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Visitors spoken with were very complimentary of the service provided.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a half hour on each of the inspection days, one observation took place in the alcove area and the other in the main dayroom. An overview of the observations is provided below:

The inspector found that for 60% of the observation period (total observation period of 60 minutes, 30 minutes each day) the quality of interaction score was 0 (neutral care). While there were no specific staff assigned to the supervision of residents in these areas, several staff passed through the areas without having any interaction or eye contact with residents. For 25% of the observation period the quality of the interaction was +1 (task orientated care). Staff responded to specific requests from residents. For 15% of the observation period the quality of the interaction was +2 (positive connective care). Staff knew the residents well, made meaningful connection, made eye contact and offered the appropriate level of assistance.

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:
There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed at the front entrance area and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process. However, the complaints procedure was not prominently displayed and the management of complaints required some improvements.

The complaints procedure was displayed above eye level on the wall in the front foyer area, most residents did not have access to this area. While the complaints procedure was included in the residents guide it required updating to reflect the correct name of

the person in charge.

The inspector reviewed the complaints log and noted that details of complaints were recorded. All complaints were reviewed by the person in charge, all complaints were responded to and the details of the complainants satisfaction or not with the outcome was recorded. Details regarding investigations carried out following some complaints were not fully documented therefore it was difficult to assess if the complaint had been fully investigated. The person in charge outlined how she had investigated some complaints but this information had not been recorded.

Judgment:

Substantially 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 had some concerns regarding the skill mix of staff as there was only one nurse on duty. The person in charge acknowledged the current shortage of nursing staff and told the inspector that four staff nurses had been recently recruited and were due to commence in their posts shortly. Due to the nursing shortage the number of nurses working during the day time had been reduced from two to one on most days. She advised that once the new nurses were in post that it was planned to have two nurses on duty again during the day time. The clinical nurse manger (CNM) was no longer in post. The operations manger advised the inspector that they were currently recruiting for the post of CNM and that in the interim the nurse on duty with the support of the operations manger deputised in the absence of the person in charge.

On the day of inspection there was one nurse and six care assistants working during the morning time, one nurse and five care assistants in the afternoon, one nurse and three care assistants on duty in the evening up until 23.00 hours and one nurse and two care assistants on duty at night time. The person in charge was normally on duty during the day time Monday to Friday. Duty rosters reviewed indicated that these staffing levels were the norm and the nurse in charge of each shift was easily identified. The staffing complement included activity coordinator, catering, housekeeping, administration and maintenance staff.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, infection control, medication management including psychotropic medications and wound care. The activities coordinators had completed training in Sonas, massage and relaxation therapy.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre.

Judgment:

Non Compliant - Moderate

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:

While the centre was not purpose built as a specific dementia care unit, the provider had continued to invest in the building to ensure that the design and layout met with residents needs. A two and three bedded room had been reconfigured and fully refurbished following the last inspection to ensure that residents needs in relation to privacy, dignity and comfort were improved. The person in charge told the inspector that she continued to assess residents to ensure that the design of the bedrooms met residents individual care needs including the use of any specialised equipment. Signage throughout the centre required improvement.

The centre was well maintained and nicely decorated. The communal areas such as the dining room and the day rooms had a variety of comfortable furnishings and were domestic in nature. The dining room was bright, the main day room and alcove seating area were appropriately furnished. Additional seating was provided in the wide hallway area leading to newer bedroom wing. There was separate comfortably furnished visitors room which was now being used by residents for a variety of activities including Sonas. A small separate smoking room naturally and mechanically ventilated to the outside air was also provided.

Residents had access to an enclosed courtyard garden and to the landscaped gardens surrounding the centre. The garden was accessible from the main corridor. The garden had paths for walking and seating areas. The doors leading to the garden area were easily opened and residents could access the garden if they wished. Additional seating

and bird table had been recently provided.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up to date. Call bells were accessible in all bedrooms and bathrooms.

The inspector noted that many of the bedrooms were personalised with photographs, ornaments and other personal belongings. A large wall clock had been provided to all bedrooms to ensure that residents could clearly check the time. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage.

Grab rails were provided to corridor areas. On the first day of inspection the inspector noted that large laundry trollies with clean linen which had been returned from the externally sourced laundry were being stored on the corridors along with bags of clean personal clothing also returned from the laundry. The storage of the trollies and bags obstructed the corridors and the use of the grab rails. This was discussed with the person in charge who immediately arranged for alternative storage arrangements to be put in place. The inspector noted that on day two of the inspection there were no trollies or laundry bags stored on corridors.

The person in charge had identified the need for additional signage and cues to assist some residents find their way about the centre. She discussed plans for additional signage, cues and painting of bedroom doors in individual colours of residents choice which she hoped to be completed by November 2016.

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:

Mary Costelloe
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:	Roseville House Nursing Home
Centre ID:	OSV-0000427
Date of inspection:	06/09/2016
Date of response:	28/11/2016

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

PRN 'as required' medications were administered occasionally to some residents, however, there were no records maintained to indicate the rationale or effect of their use contrary to the centres own policy on the administration of PRN 'as required' medications.

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

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Medication charts have been updated to include all necessary information within the centre's medication management policy and NMBI guidelines. Indications for use of PRN medications will be recorded in the resident's care plan and the effects of medication will be updated in the progress reports.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

A resident who had been losing weight for the past three months had not been reviewed by the GP in relation to the weight loss and they had not been referred to the dietician.

Some residents who may have required specialised seating had not been assessed by the OT.

2. Action Required:

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

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

A named nurse system has been introduced to the centre. The PIC will ensure that detailed reviews of individual assessments and care plans will be undertaken on a regular basis and updated according to changes in the resident's care needs. Individual care plans will be in place to address the specific needs of residents who are prone to weight loss and this will include the documentation of medical and dietitian advice and recommendations.

The Occupational Therapist has reviewed residents who may require specialised seating and her findings and recommendations are documented in the residents' care records.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

There was no recorded evidence of relative/resident involvement in the review of care

plans.

3. 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:

The PIC will ensure that residents and their families are offered the opportunity to be involved in the review of care plans. A record of resident and family input into the care planning process will be recorded in the resident's care record.

Proposed Timescale: 28/02/2017

Theme:

Safe care and support

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

Some care plans were not updated to reflect changes in the residents needs and some care plans were not updated to reflect changes in risk assessments.

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:

The PIC will support nurses with implementing person centred care plans. Nursing staff have attended training on care of the resident with dementia. All care plans and assessments (including risk assessments) will be updated and reviewed at a minimum of every four month and more frequently as indicated by changes in their care needs.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

Some nursing progress notes were completed inaccurately indicating that a residents care needs were met and medications administered on a number of nights when the resident was not in the nursing home as they were in hospital at the time

5. Action Required:

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

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

The PIC has reviewed all nursing progress notes to ensure accuracy of documentation. She will continue to monitor the quality and accuracy of nursing documentation in the centre.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

There was no copy of the transfer letter for a resident who had recently been admitted to hospital.

6. Action Required:

Under Regulation 25(1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre for treatment at another designated centre, hospital or elsewhere, to the receiving designated centre, hospital or place.

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

Nursing Transfer letter with all relevant information pertaining to the resident will be completed on any resident who requires transfer to A&E/hospital.

Proposed Timescale: 22/11/2016

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:

The glass panel on one of the bathroom doors was not provided with suitable screening and screening curtains in some shared bedrooms were very short which compromised the privacy and dignity of residents.

7. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

This screening has now been replaced. New door signs are now available to ensure privacy and dignity of resident whilst personal care is being attended to; all staff aware of this.

Proposed Timescale: 22/11/2016

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 procedure was displayed above eye level on the wall in the front foyer area, most residents did not have access to this area.

8. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure is now situated in a prominent position within the home where residents can easily see it.

Proposed Timescale: 22/11/2016

Theme:

Person-centred care and support

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

Details regarding investigations carried out following some complaints were not fully recorded therefore it was difficult to assess if the complaint had been fully investigated. The person in charge outlined how she had investigated some complaints but this information had not been recorded.

9. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

All complaints will be recorded, investigated and addressed; the findings and learning outcomes will be documented and reviewed as part of the regular quality and safety review of the centre.

Proposed Timescale: 30/11/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The number of nurses working during the day time had been reduced from two to one on most days. The clinical nurse manger (CNM) was no longer in post.

10. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The PIC will ensure that the number and skill mix of staff in the centre is based on the number and assessed care needs of the residents and the geographical layout of the centre. A new CNM has been appointed. There are 2 nurses on duty each day.

Proposed Timescale: 22/11/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The person in charge had identified the need for additional signage and cues to assist some residents find their way about the centre. She discussed plans for additional signage, cues and painting of bedroom doors in individual colours which she hoped to be completed by November 2016.

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:

Additional signage will be in place to assist residents to find their way about the centre. A review of internal door colours has commenced and this painting to be completed by March'17.

Proposed Timescale: 31/03/2017