

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carechoice Macrooom
Centre ID:	OSV-0000209
Centre address:	Gurteenroe, Macrooom, Cork.
Telephone number:	026 42 366
Email address:	macrooom@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Carechoice (Macrooom) Limited
Provider Nominee:	Paul Kingston
Lead inspector:	Caroline Connelly
Support inspector(s):	Maria Scally
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	2

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 1 day(s).

The inspection took place over the following dates and times

From: 19 October 2016 09:30 To: 19 October 2016 18:40

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

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.

During this inspection the inspectors focused on the care of residents with a

dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in October 2014 and to monitor progress on the actions required arising from that inspection. The inspectors met with residents, relatives, and staff members during the inspection. The inspectors 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 using a validated observation tool. The inspectors 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 centre did not have a dementia specific unit however, at the time of inspection there were 21 of the 60 residents residing in the centre with a formal diagnosis of dementia. With eleven further residents suspected of having dementia. Inspectors observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that other residents functioned at different levels of independence. Overall, the inspectors found the person in charge, staff team and the provider were very committed to providing a high quality service for residents with dementia.

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There were two activity co-ordinators employed in the centre who provided a wide range of social and recreational activities six days per week for residents and residents told the inspectors they were very satisfied that their social needs were met and that staff connected with residents as individuals. Inspectors found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre

The person in charge and provider were in the process of undertaking on-going improvements to create an environment where residents with dementia could flourish. The centre was being painted and decorated during the inspection and plans were in place to replace flooring and put in new lights and generally make the centre more homely and comfortable and in keeping with the overall assessed needs of the residents who lived there. A number of bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Further attention was required to pictures and signage to support residents to be orientated to where they were in the centre and where their bedroom is.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors generally concurred with the provider's judgments. Issues identified at the previous inspection in October 2014 had generally been completed. On this inspection the inspectors identified that staffing levels required review, mandatory training was not up to date for all staff and care plans for residents exhibiting responsive behaviours were required. There were also a few issues identified with the premises. These are all

discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 60 residents in the centre on the day of this inspection of these residents 21 residents had a formal diagnosis of dementia with a further 11 residents with a level of cognitive impairment.

Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Physiotherapy was provided in house via group exercise sessions and individual assessments and mobility plans put in place. Occupational therapy services were available through the local community. Residents in the centre also had access to the specialist mental health of later life services who provided services to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia.

Inspectors focused on the experience of residents with dementia in the centre on this inspection. They tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

Inspectors saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare

needs. They generally contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs and were person centred and individualised. However although the care plans were seen to be generally very comprehensive there was not a specific plan put in place to guide care for residents with responsive behaviours as will be discussed further in outcome 2 Safeguarding.

Nursing staff and health care assistants spoken with were familiar with and very knowledgeable regarding residents up to date needs. Inspectors saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. This was evidenced by care plans being signed and dated by residents and /or their family members.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds in the centre at the time of inspection but they had a number of residents who were very prone to pressure sore formation and appropriate measures were seen to be in place for those residents. Staff had access to support from the tissue viability nurse as required.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors spoke to the chef who confirmed nursing staff gave him a up-to-date detailed list of all residents dietary requirements, including special diets, textures likes, dislikes and grades of fluids. Mealtimes in the three dining rooms was observed by inspectors to be a social occasion. Tables were attractively set and staff sat with residents while providing encouragement or assistance with their meal. 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). Files reviewed by inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. The inspector observed a nurse administering the lunch time medications, and this was carried out in line with best practice.

Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with one of the nursing staff which accorded with the documented records. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Medication trolleys were securely maintained within the secure treatment rooms. Medications that required crushing were seen to be prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

Judgment:

Substantially Compliant

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:

There was an up-to-date policy for adult protection. Inspectors reviewed staff training records and saw evidence that most staff had received up to date mandatory training on detection and prevention of elder abuse and further training was scheduled for later in 2016. However, there were five new staff that did not have training the action for this is under the staffing outcome. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including whom to report incidents to. There was evidence that all allegations of abuse in the centre had been documented, investigated, appropriate action taken and notified in accordance with regulatory requirements.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. Inspectors reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office, all lodgements and withdrawals were documented in a ledger and a running balance was maintained. All entries were signed and checked by two staff and there were regular audits of accounts and receipts by the accounts department. The system was found to be sufficiently robust to protect residents and staff.

A policy on managing responsive behaviours was in place. The inspector saw training records and although a number of staff had undertaken dementia training there was no evidence that staff had received training in responsive behaviours and specialist

dementia training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as further outlined under Outcome 1. From discussion with the person in charge and staff and observations of inspectors there was evidence that residents who presented with responsive behaviours were responded to by staff in a very dignified and person-centred way by the staff using effective de-escalation methods. However these were not detailed in responsive behaviour care plans which are required to direct care to ensure a consistent approach to responsive behaviours is undertaken by all staff. The action for this is under outcome 1.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. Inspectors saw that although the person in charge and staff said they promoted a reduction in the use of bedrails, at the time of the inspection there were a large number of bedrails in use. Inspectors saw that alternatives such as low low beds, crash mats, and bed alarms were in use for a number of residents with further recent introduction of bed wedges to reduce the number of bed-rails in use and this needed to be kept under review. Assessments and regular checks of all residents were being completed and documented. There had also been a substantial reduction in the use of chemical restraint over the last number of months and regular monitoring of same was taking place.

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 person in charge informed inspectors that residents with dementia were consulted with and participated in the organisation of the centre. Residents were enabled to make choices and maintain their independence. There were opportunities for residents to participate in activities that suited their assessed needs and interests. Inspectors reviewed the minutes of residents' meetings and noted that evidence was not always available in relation to residents' suggestions being followed up on. A residents' meeting takes place in the centre approximately every two months. This is chaired by one of the activities coordinators. Items discussed included laundry, housekeeping, meals, activities and staff. However, although the issues raised by individual residents were documented, there was not always documentary evidence available that these were followed up and resolved. On average, between 6 and 9 residents would attend the meetings. Staff informed inspectors that for the other residents, the activities coordinators would visit the residents in their bedrooms and these residents would be able to raise any issues with the activities coordinators who would then look to resolve the issue. However,

there was no documentary evidence available that this was done.

Residents were facilitated to exercise their civil, political and religious rights. Residents could vote in the centre if they wish. Mass took place every Tuesday in the centre and staff confirmed that residents from other religious denominations were also facilitated. The centre was suitably resourced with adequate daily entertainment and leisure facilities such TV, radio and newspapers.

Residents' wishes were prioritised when planning activities and excursions. The activities coordinator and other staff confirmed that residents enjoyed frequent excursions to a gramophone circle in the local library every second week where residents can listen to classical music. Residents had also recently enjoyed an outing to the English market in the city and to Muckcross House in the summer. Local primary school students had also visited the centre a number of times in the last year and put on sketches and presentations for the residents and staff informed inspectors that residents thoroughly enjoyed these visits. There was a variety of other activities available to residents in the centre which were organised and facilitated by the activities coordinators. The weekly activity schedule included music, bingo, arts and crafts, fit for life exercises, newspaper reading, Sonas sessions and massage. Residents were also seen to enjoy the company of Cocoa, the activities coordinator's dog who visits the centre every day and two birds who are resident in one of the day rooms on the ground floor in the centre. The activities coordinator informed the inspector that residents with advanced dementia or cognitive impairment had access to one to one interactions.

There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private.

Life stories were available in each resident's care plan and these life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the lounge areas. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was eye contact between residents and staff members. Staff engaged in social conversation and inspectors noted that appropriate support was offered where required and residents' food preferences were checked.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the complaints log and found that complaints were responded to. Details of investigations into any complaints were documented and the outcome and the satisfaction or otherwise of each complainant was recorded.

Inspectors viewed the policy and procedure for dealing with complaints in the centre. The complaints process was displayed in a prominent position in the centre near the reception area and on all floors of the building. The person nominated to deal with complaints was detailed on the complaints process and details for the internal appeals person as well as the ombudsman were made available. However, the policy did not outline a nominated person to ensure that all complaints are appropriately responded to and to ensure the complaints officer maintains the required records as outlined in the regulations. The updated complaints policy was submitted to HIQA following the inspection and this issue had been addressed.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

An actual and planned roster was maintained in the centre. Inspectors reviewed staff rosters which showed that the person in charge was on duty Monday to Friday. There were also two nurses on duty at all times. Inspectors observed practices and conducted interviews with a number of staff. There has been shortage of nursing staff and healthcare assistant staff in the centre recently and the person in charge and human resources manager confirmed that they were in the process of recruiting nurses and healthcare assistants. Staff also reported that there has also been a high turnover of staff which had led to a lack of consistency for residents and a resident had commented that they would like staff to remain working in the same unit for longer periods of time. Staff meeting minutes reviewed by inspectors also indicated that at times staff found it difficult to accommodate residents' individual choice due to the levels of staffing

available to meet residents' needs. Staff also identified concerns regarding nursing standards due to lack of nursing staff. The inspectors found that staffing levels required review to ensure safe care to residents. Staff appeared to be supervised appropriate to their role and responsibilities and this was enabled through the person in charge, CNMs, senior nurses and senior carers. Inspectors met with the human resources manager during the inspection who acknowledged the difficulties with the recruitment and retention of staff. She outlined to inspectors a number of recruitment and retention strategies they had adopted recently and felt this would go a long way to address some of the issues outlined.

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. Inspectors observed positive interactions between staff and residents over the course of the inspection and found staff to have excellent knowledge of residents' needs as well as their likes and dislikes.

Records viewed by inspectors confirmed that not all staff had completed mandatory training in areas such as protection of vulnerable adults and knowledge of responsive behaviour and behavioural and psychological symptoms of dementia which is discussed further under Outcome 2. Mandatory training in manual handling and fire safety was found to be up to date. Staff also attended training in areas such as the prevention of falls, infection control and medication management. The person in charge discussed staff issues with inspectors and proper protocols and records were seen to be in place where concerns had been identified.

Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2016 for nursing staff were seen by inspectors.

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:

The design and layout of the centre fitted with the aims and objectives set out in the statement of purpose. The premises could accommodate a maximum of 62 residents and each floor was named after a local amenity. The centre comprised of four floors

with residents' accommodation located on three floors as follows:

Ground floor – Bealick – 12 single bedrooms, dining room, day room, activities' room, hair salon, assisted bathroom, two additional assisted toilets; kitchenette, treatment room and nurses' station.

First floor – Gearagh North and South – 24 single and five twin bedrooms, dining rooms x two, dayrooms x two, smoking room, five assisted toilets, one assisted shower; main kitchen, person in charge's office, nurses' station x two and treatment room

Second floor – Mountmassey – six single and five twin bedrooms, a day room and nurses' station. Some of the single and twin bedrooms were noted to be small in size and didn't have the room to ensure residents could have room for a locker and a comfortable chair by their beds and in a couple of rooms there was a lack of wardrobe space in that wardrobes were small in size and could not accommodate much clothing.

In summary, residents' accommodation comprised 39 single and 10 twin bedrooms, all with toilet, shower and hand-wash basin en suite facilities; three single rooms with wash-hand basins. The fourth floor was located in the basement and this comprised the laundry, staff dining and changing facilities, separate storage areas each for clinical, general and dry food items. There was lift access to each floor, but residents and visitors could not access the basement as this was password protected. There was stairs access to each floor with sunrooms located on the ground and first floors with comfortable seating and views of the countryside, golf course and playing pitches. There was occasional seating throughout the centre for residents to relax. The centre was being painted and decorated during the inspection and plans were in place to replace flooring and put in new lights and generally make the centre more homely and comfortable and in keeping with the overall assessed needs of the residents who lived there. A number of bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Further attention was required to pictures and signage to support residents to be orientated to where they were in the centre and where their bedroom is.

There were safe secure outdoor spaces for residents which were accessed via the day rooms on the ground and first floors, with garden furniture, potted plants and raised flower beds with decorations created by residents as part of their arts and crafts activities. These areas were well maintained and free of hazards.

There were appropriate sluicing facilities on the first and second floor. They were securely maintained to prevent unauthorised access. Clinical and domestic waste was maintained here. The laundry was visited during the inspection and due to the layout inspectors found it was difficult to separate clean and dirty linen from an infection control point of view and further consideration was required in relation to this. The person in charge and the provider said they would look into putting another entrance into the laundry to provide separate entrance and egress to address issues identified.

Judgment:

Non Compliant - Moderate

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:

Caroline Connelly
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:	Carechoice Macroom
Centre ID:	OSV-0000209
Date of inspection:	19/10/2016
Date of response:	14/11/2016

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

There were gaps in care planning documentation for residents who exhibit responsive behaviours

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

Residents' personalised care plans were in place, care plan deficits were noted and an action plan was in place to rectify same, prior to the Inspection.

Distressed/Responsive behaviour care plans shall be reviewed for all 16 residents that require same, to include ABC assessment review, behaviours, triggers and interventions.

Proposed Timescale: 31/12/2016

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:

Although the issues raised by individual residents were documented at residents' meetings, there was not always documentary evidence available that these were followed up and resolved. There was no documentary evidence available that residents who did not attend the meeting were consulted and participate in the organisation of the designated centre.

2. 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:

An action plan was in place to prior to the Inspection, to ensure that concerns/suggestions following Resident meetings were documented going forward.

The Resident meeting document format is under review and shall include a resident comment section, and a column stating the action required, responsible person, timeframe, completion date and signature.

The Activity Co-ordinators shall visit the residents' that prefer not to attend and document any comments and give feedback on actions taken.

Proposed Timescale: 11/12/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Staffing levels required review to ensure that residents' choices could be facilitated and 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.

3. 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 current Roster has an appropriate staff to resident ratio on duty, however we have experienced some staff shortages on the roster.

We have recruited Nurses, however there has been delays with both their Visa and their NMBI exams, at present 2 Nurses are waiting for their PIN, 1 Nurse is also completing Induction.

Recruitment of HCA is ongoing with 3 commencing week beginning 14/11/16

A retention strategy has been commenced by the HR department

Proposed Timescale: 30/11/2016

Theme:

Workforce

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

Mandatory training in areas such as elder abuse and responsive behaviours was not in place for all staff. Staff also required training in dementia specific care.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Mandatory training is scheduled throughout the year.

Elder abuse training completed on 04/11/16 and scheduled for 30/11/16

Dementia & Responsive Behaviour training shall be completed by end November.

Proposed Timescale: 30/11/2016

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:

There were a number of issues identified with the premises that required review:
The size and layout of some single and twin bedrooms did not meet the needs of residents

Wardrobes space was limited in a small number of rooms

Further attention was required with decoration and signage to ensure a dementia friendly environment

The layout of laundry required review to ensure best practice in infection control

5. Action Required:

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

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

We believe that currently all residents needs are met. All potential residents are preassessed to ensure we can meet their needs from a care and environment perspective.

We are reviewing wardrobe options in a small number of rooms.

We are reviewing and ordering additional signage to ensure a dementia friendly environment.

We are reviewing the laundry layout with a view to adding a second door to allow for separate entrance for dirty and exit for clean.

Proposed Timescale: 31/03/2017