

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview Nursing Home
Centre ID:	OSV-0000238
Centre address:	Tullow Road, Carlow.
Telephone number:	059 913 9407
Email address:	hillviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hillview Convalescence & Nursing Home Limited
Provider Nominee:	Catherine O'Byrne
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	54
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:
03 October 2016 09:30	03 October 2016 17:30
04 October 2016 09:30	04 October 2016 15:30

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	Substantially Compliant
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Non Compliant - Major
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and

the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspector's rating for each outcome.

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

Hillview Nursing Home is a purpose-built two-storey centre, which provides residential care for 54 people. Approximately 33% of residents have dementia.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Action previously required had been completed.

The inspector found an acceptable standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviour's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive. The dining experience was pleasant.

Improvements required related to safeguarding measures which were being addressed before the end of inspection. Some improvement was also required relating to medication management practices. Complaints management required improvement as the satisfaction of the complainant with the outcome of the complaint was not recorded.

Action required from the previous inspection relating to hazard identification and fire safety had been addressed.

The person in charge discussed plans already afoot to further improve the quality of life for residents with dementia, including additional changes to the premises. In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned action in relation to the premises.

These findings are discussed further in the body of 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:

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care although some improvement was required to one aspect of medication management.

Some residents were prescribed medication to be given as and when required (PRN). However although the maximum dose that could safely be administered in a 24 hour period was recorded, the frequency of administering the medication was not. This omission could contribute to medication errors. The person in charge showed the inspector new documentation being introduced and stated that this will ensure that this information is recorded.

Otherwise the inspector saw evidence of safe medication management practices. Improvement was noted around medications that required crushing prior to administration. The inspector saw that these prescriptions were now in line with national guidelines.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses, one from each shift, which had been identified as an area for improvement at the last inspection.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperature, which had daily checks, was within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The inspector saw that the pharmacist held individual counselling sessions with residents. This included information on the importance of taking their medication and the need to report any possible side effects. Residents

spoken with said how much they appreciated this service.

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

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

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, falls risk, communication needs, nutritional requirements and medications.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required in a discrete, caring and respectful manner. The food provided was appropriately presented and provided in sufficient quantities. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required.

The inspector saw that residents had been reviewed by a speech and language therapist and dietician when required. The inspector observed practices and saw that staff were using appropriate feeding techniques and types of diet as recommended.

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

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs

and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team.

There was a procedure in place for the return of possessions and specific handover bags were in use. Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. In addition following suggestions received in the staff survey, a three monthly remembrance mass was held in the centre for residents who had passed away in the previous quarter. The inspector saw that a remembrance tree was at the front of the building with the names of residents who passed away on ribbons tied to the tree.

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:

The inspector found that improvement was required to ensure that residents were sufficiently safeguarded.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However they had not been vetted appropriate to their role. In addition their roles and responsibilities were not set out in writing as required by the Regulations. The person in charge undertook to address this as a matter of urgency and put additional safeguarding measures in place until it was addressed.

Otherwise the inspector was satisfied that appropriate measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of bedrails although usage remained high. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Two hourly checks were completed when in use. Care requirements were detailed in the care plans.

Because of their conditions, some residents had episodes of behaviour that challenged. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry services.

Administration and nursing staff managed monies on behalf of some residents. The inspector reviewed this process and found that it was sufficiently robust.

Judgment:
Non Compliant - Major

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied residents' privacy and dignity was respected. Some improvement was required to ensure that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

There was a residents' committee in place but the inspector noted that only two meetings had taken place in the previous nine month period. The person in charge outlined her plans to have meetings on a more regular basis.

The person in charge outlined details of independent advocacy services that were available to the residents. A second advocate was also available to residents with a dementia.

Residents' religious and civil rights were supported. Mass and prayer services were held on a regular basis. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Staff said and residents confirmed they had been offered the opportunity to vote at the recent elections.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the activity room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 70% of interactions demonstrated positive connective care, 13% reflected task orientated care while 17% indicated neutral care. These results were discussed with the person in charge at the feedback meeting and possible areas for improvement were discussed.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told the inspector they were free to plan their own day, to join in an activity or to spend quiet time in their room. Staff told the inspector that breakfast times were at the residents choosing and could go on till the late morning most days. The inspector saw residents going to the dining room mid morning for their breakfast and one resident told the inspector she was having a duvet day and staying in bed.

Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup. One resident told the inspector how she liked having her hair done while others liked the nail care sessions. Pamper afternoons were planned each week, one for male and one for female residents. Residents told the inspector how much they enjoyed these sessions, which included foot and hand care while listening to relaxing music.

Newspapers and magazines were available and the inspector saw some staff reading to residents. There was a varied activities programme with arts and crafts, exercise, bingo, and music included. The inspector spoke with the activity co-ordinator and found that they were well informed. The inspector saw that there was ongoing development work in relation to residents with dementia. This included reviewing dementia appropriate techniques such as life stories, reminiscence, reality orientation and the use of sensory equipment.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated. Singing was a very popular pastime and the inspector heard residents and staff singing while in the dining room, after meals and while walking around the centre. One resident told the inspector that he loved the singing as he use to sing a lot in his younger days.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure.</p> <p>Some residents and relatives spoken with were clear about who they would bring a complaint to. The inspector reviewed the complaints log which clearly documented the complaints received in the centre. The records included details of the actions taken in response to complaints. However, the satisfaction of the complainant with the outcome of the complaint was not recorded as required by the regulations.</p>
<p>Judgment: Substantially Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, including residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty.</p> <p>An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered. Staff were supervised to their role.</p> <p>The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the Regulations. A comprehensive five day induction plan was in place and the inspector saw that this included orientation to the premises, fire safety information and communication. Staff appraisals were carried out annually and included agreed specific interventions to improve performance when required.</p> <p>The person in charge promoted professional development for staff and was committed</p>

to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in wound care, use of restraint and infection control.

A training programme on dementia and responsive behaviour was also provided. A staff member had undertaken a master's programme in dementia care and acted as an additional resource for staff and residents. In addition the inspector noted that information sessions for relatives were also planned.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

Several outsourced service providers attended the centre and provided very valuable activities and services which the residents said they thoroughly enjoyed and appreciated. However improvement was required in relation to their documentation available and this is discussed under Outcome 2.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

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

Findings:

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

As described at previous inspections, Hillview Nursing Home is a two-storey building accommodating 54 residents. There are 32 single bedrooms and 11 twin rooms. Residents' bedroom accommodation has en suite (toilet and wash hand basin) facilities. Communal and bedroom accommodation exists on both floors. A lift is available to transfer residents between the floors.

Communal space includes a spacious hallway, sitting room, conservatory and a dining room. A recreational room is located on the first floor. A quiet room is set aside as an oratory or quiet room and the inspector also saw that visitors liked to use this room.

At the previous inspection it was noted that some areas of the centre (residents' bedrooms, bathrooms and communal spaces) were in need of

re-decoration/refurbishment. The inspector saw that a refurbishment programme had commenced. Some areas had been repainted. Locks had been fitted on doors including on en suite doors. Light fittings had been replaced. Cladding on the bathroom walls had been repaired.

Storage space was limited but efforts had been made to ensure that equipment was safely stored.

The person in charge discussed plans to work towards making the premises more dementia friendly including the use of contrasting colours on doors and additional signage to assist residents with dementia. The inspector noted that all toilet doors were now blue and the inspector saw that residents were using this to identify the room. Contrasting colours were also used on toilets seats and handrails. Appropriate signage in word and picture format was available at eye level height throughout the centre. Staff discussed how this had helped residents with orientation.

Other improvements noted since the previous inspection included painting the bedroom doors in different colours and to look like front doors with a letterbox and room number. This was very effective in creating a homely atmosphere. Plans were in place to complete this.

The inspector observed that most residents' bedrooms were personalised with items including photos and paintings. The inspector saw that for some residents, memory boards had been designed with the help of families which included photographs and personal items. Clocks were available in some rooms and the person in charge said that she was currently sourcing additional ones for the other rooms.

The inspector found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date and this was an action required from the previous inspection.

The inspector noted that improvements had occurred to the external gardens. It was noted at the previous inspection that pieces of furniture had not been disposed of appropriately and this had been addressed. There was a small secure garden area off the conservatory. Raised flower beds and some garden seating was located here. There was a walkway but it was on an incline which made it difficult for residents to negotiate. The person in charge discussed plans to level this area and make it more accessible. Other areas around the grounds also had seating areas and were popular with residents.

There was ample parking for visitors and staff at the side of the building.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

Although not inspected against, the inspector followed up on the actions required from the previous inspection.

It was noted at the previous inspection that while there was a risk register it did not identify all of the hazards with the result that an assessment of the risks had not been carried out and measures and actions were not put in place to control the risks identified. This included hazards such as a portable electrical hob plate and a toaster located in the dining room, hot water temperatures and management of chemicals. The inspector found that these had all been addressed.

It was also noted at the previous inspection that adequate infection prevention and control measures were not in place which included storage of clean and dirty laundry and equipment. This had been addressed.

Action required in relation to fire procedures including training, fire exits, fire doors, evacuation pathways and assembly points had also been addressed within the agreed timescale. The inspector read the training records and saw that all staff had attended training. Regular fire drills were carried out. A fire marshal was identified on each shift.

Servicing records were up to date.

Judgment:

Compliant

Outcome 08: Governance and Management**Theme:**

Governance, Leadership and Management

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

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

Findings:

This outcome was not inspected except to review the action required from the previous inspection.

At the last inspection it was noted that the annual review of the quality and safety of care had not carried out. The inspector saw that this was now completed following consultation with residents and families. Copies were available in the front hall.

Judgment: Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Hillview Nursing Home
Centre ID:	OSV-0000238
Date of inspection:	03/10/2016
Date of response:	19/10/2016

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:

The frequency of administering medication to be given as and when required (PRN) was not recorded.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We will ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned, this will include the frequency of medication to be administered as and when required (PRN) under Regulation 29(5)

Proposed Timescale: 10/10/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Volunteers had not been vetted appropriate to their role.

Volunteers' roles and responsibilities were not set out in writing.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Under Regulation 08(1) we will continue to take all reasonable measures to protect residents from abuse. We are in the process of having all our Volunteers Garda Vetted. Until this process is complete we will ensure that any volunteers who have not already completed Garda Vetting are supervised at all times while in the centre by Management.

All volunteers will have written roles and responsibilities

Proposed Timescale: 30/11/2016

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:

There was a residents' committee in place but the inspector noted that only two meetings had taken place in the previous nine month period.

3. 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:

Under Regulation 09(3)(d) we will ensure that each resident is consulted about and is given a choice to participate in our resident's committee meetings. We plan on holding 2 further meeting before the end of this year and going forward will continue to have quarterly meetings at our centre.

Proposed Timescale: 22/12/2016

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 satisfaction of the complainant with the outcome of the complaint was not recorded.

4. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Under Regulation 34(1)(f) we will ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint. We have revised our complaints report to include a detailed record of resident's/ complainant's satisfaction.

Proposed Timescale: 17/10/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

5. 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:

Under Regulation 17(1) we will ensure that the premises is appropriate to the needs, independence and wellbeing of all our residents. We plan on re designing our secure area to the rear of the building to enhance the independence of our residents with a dementia.

Proposed Timescale: 01/06/2017