

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Our Lady of Lourdes Care Facility
Centre ID:	OSV-0000265
Centre address:	Kilcummin Village, Killarney, Kerry.
Telephone number:	064 664 3012
Email address:	murray.maggie9@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Melbourne Health Care Limited
Provider Nominee:	Margaret Murray
Lead inspector:	Mairead Harrington
Support inspector(s):	Caroline Connelly
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	4

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:
20 September 2016 10:20	20 September 2016 19:05
21 September 2016 08:45	21 September 2016 16:45

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

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. As part of preparation for the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The self-assessment form 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. The table below sets out the self assessment ratings for each Outcome alongside the rating as assessed on inspection. The inspection was unannounced and took place over two days. The inspectors met with residents, relatives, staff members, members of management and the person in charge. Of the 70 residents who were residing in the centre at the time of the inspection approximately 27 had a confirmed diagnosis of

dementia. Although the centre did not have a specific dementia unit, and resident care was integrated throughout the centre, there was one unit which operated with a greater focus on dementia related care on the first floor. The inspectors reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspectors observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection. Staff and management also demonstrated a commitment to continual improvement and the inspectors saw evidence of initiatives that had been implemented to further enhance the quality of life of residents and in particular those with dementia and cognitive impairment.

Where areas for improvement were identified, management and the person in charge were responsive in preparing arrangements to address the issues highlighted that related to privacy and dignity, documentation, medication management and training gaps; these areas are covered in more detail in the body 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):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

Care planning assessments and records were maintained electronically and the system reviewed provided an accessible and effective oversight of the care of any individual at a given time. An admission policy was in place that reflected the statement of purpose and the person in charge undertook a pre-admission assessment in the first instance. On admission residents were comprehensively assessed around key components of care and daily living such as nutrition, mobility, skin integrity and cognition, using standardised assessment tools. Care plans were developed and implemented in line with these assessments that provided relevant guidance to staff on the delivery of care. A sample of care plans was tracked on inspection and it was found that timely and comprehensive assessments were carried out with detailed and person-centred care plans in place for areas of assessed need such as wound and pain management. The care planning process involved the use of validated tools to routinely re-assess residents in relation to the key components of care.

Residents had access to the services of allied healthcare professionals and it was clear that care plans around nutrition for example were informed by the input of a dietician and/or speech and language therapist as required. The services of a resident physiotherapist were in place at the centre. Arrangements were in place to support residents in accessing dental and optician services as required. The person in charge explained that community occupational therapy services were well provided. The centre could also access consultancy services in relation to both gerontology and psychiatry on a referral basis. A dementia care policy was in place that referenced the needs of residents in relation to the management of care around the behaviours and psychological symptoms of dementia. Where residents presented with such symptoms care plans reflected appropriate assessment, review and plans of care to guide staff in the delivery of care. These records also reflected that residents and their families, where appropriate, were involved in the care planning process. All care plans were reviewed

regularly and at least on a four monthly basis or to reflect the residents' changing care needs. Of the files reviewed correspondence relating to hospital transfer arrangements was in place. These included relevant information about the residents' health, medications and communication needs.

The inspectors reviewed policy and practice around the systems in place to ensure that the nutritional needs of all residents were well met in the centre. Documentation reviewed indicated that there was continual work in relation to menu development and the accommodation of personal preferences. Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents and appropriate consideration was seen to be given to the presentation of these meals. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of a dietician and/or speech and language therapist where appropriate. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. Service systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Residents could exercise choice as to where they took their meals and were also assisted with meals in their own rooms. Staff were seen to be courteous as a matter of course and to provide appropriate and discreet support to residents requiring assistance with their meals.

Of the care plans reviewed inspectors noted that discussion with residents and their families about end of life care arrangements had taken place and were recorded. There was also evidence of advance care planning with arrangements in place around hospital transfers to ensure this information was available for reference. Measures were in place to prevent unnecessary hospital admissions and included regular attendance and review by the GP and access to palliative care services.

Operational policies and procedures were in place for the ordering, prescribing, storing and administration of medicines. Processes in place to store and handle medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication prescription and administration records contained the necessary biographical information of the resident including a photograph. Staff were observed to follow appropriate administration practices. However, in some instances medications that were being crushed had not been signed off by the prescriber and some PRN (as required) medications did not have maximum doses stated. It was also noted that where prescriptions were being transcribed it was not always in keeping with best practice and a faxed prescription had not been signed off by the prescriber within the required timeframe. Based on observations, feedback and a review of documentation and systems, the inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia or cognitive impairment.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

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:

Residents spoken with by the inspectors reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise. A policy and procedures were in place for the prevention, detection and response to abuse which required review to fully reflect current national policy and also to ensure appropriate directions to staff where allegations might be made against members of management such as the person in charge. Records indicated that a regular programme of training on safeguarding and safety was delivered by the centre and staff members spoken with by the inspectors understood how to recognise instances of abuse and were aware of the relevant reporting systems in place. Where allegations had been received they had been appropriately managed and recorded in keeping with good practice and requirements. However, several members of staff were overdue re-fresher training in this area.

A policy and procedure was in place on the management of residents' personal property. Residents were responsible for their own finances either independently or with the support of family and the centre did not administrate any individual accounts at the time of inspection. A record of invoices was maintained for services provided at the centre and contracts clearly set out fees and additional costs for services. Systems were in place to safeguard residents' finances with protocols on recording transactions with double signatures by staff and/or the resident or a relative. However, this system required a process of overview and/or audit as there was a discrepancy in one of the sample records checked.

A policy and procedure was in place in relation to dementia and the management of behaviours and psychological symptoms of dementia. A number of staff had also received training in this area. Through observation and a review of care plans the inspectors were satisfied that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach to such behaviours. Care plans were in place that provided guidance to staff in relation to the delivery of care and staff were seen to reassure residents and divert attention appropriately to reduce anxieties whilst being mindful of the welfare of other residents.

Management articulated a commitment to a restraint free environment and a review of practice indicated a continuing reduction in the use of bed-rails, for example alternative options such as low beds and alarm sensors were seen to be utilised. A restraint policy that reflected this practice was in place. Where bed-rails were in use there were appropriate assessments in place as to both the need for, and risk of, their use.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

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

Findings:

The centre provided a comprehensive guide for residents that referenced the contract of care and statement of purpose and also provided information on how to complain. Management articulated a commitment to person centred care and the development of initiatives to improve the delivery of care to residents with dementia or a cognitive impairment. This commitment was demonstrated in the first floor dementia focused unit where the model of care had a social emphasis with staff wearing brightly patterned non-uniform clothing and activities for residents were person-centred and meaningful as assessed by PAL (poor activity level) scores. The layout of this unit was based on a 'household' model with homely fixtures and furnishings and memorabilia. Consideration had been given to the decorative use of colour and murals. Residents were seen to wander freely through the unit and individual preferences around where to sit or walk were observed. There was also a small kitchenette area for supervised use by residents.

A dementia care policy was in place that provided guidance on the management of the behaviours and psychological symptoms of dementia. Staff were seen to give appropriate consideration to how the mood of a resident with dementia or cognitive impairment might change and the centre provided access to a sensory room with ambient lighting and water features that could be used to calm the mood of residents that might experience agitation.

Consultation with residents was encouraged and a satisfaction audit had been undertaken in May of this year. The survey returned a high satisfaction level in relation to residents' rights. Residents were facilitated to engage in community activities and processes were in place to support civic duties such as voting. Regular resident meetings were also held and minutes of these meetings were available for reference. The services of an independent advocate were available with contact details clearly on display. There were no restrictive visiting arrangements and visitors were variously present throughout both days of the inspection; there were also areas for residents to receive visitors in private should they so wish. The centre provided access to a prayer room and pastoral services were available with a regular mass held at the centre.

The centre was resourced with five activity co-ordinators to deliver the weekly activities

schedule and organise outings in the community to the local garden centre for example. The centre provided a good range of activities including those specifically designed to support residents with dementia or cognitive impairment. The weekly activity schedule included morning and afternoon arrangements for activities such as music, arts and crafts, Sonas and exercise time. Staff were seen to engage creatively with cognitively impaired residents sometimes using specialised equipment such as interactive toy animals to good effect. The centre had two pet cats that were clearly popular and provided a positive focus for a number of residents. Residents could access secure outside space including a garden balcony on the first floor laid out with tables, seating and equipped with a barbecue and a seating area downstairs adjacent to the donkey paddock and chicken run. On the days of inspection a range of activities were observed including group sessions of music and dancing and also individualised one-to-one sessions. There was a regular hairdressing service with a well equipped salon available and seen to be used by residents in the course of the inspection.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. Interactions recorded during these periods of observation were positive and it was noted that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. For example a group of several residents in the downstairs communal area had regular interactions with a number of staff and were stimulated and engaged with conversation, refreshments and reminiscence activity or sometimes staff members simply sat with residents and kept them company. Overall inspectors observed a person-centred culture of care in the centre where members of staff acknowledged all residents as a matter of course. Both staff and visitors appropriately considered the privacy needs of residents with cognitive impairment. However, screening facilities in some shared rooms did not provide adequate privacy in relation to the use of space for personal hygiene or communication of a private nature and in some instances shared bathrooms did not have locks to protect privacy. Additionally, glass side panels in the doors of many residents' rooms were partially opaque and did not fully protect the privacy of the occupant.

Judgment:

Non Compliant - Moderate

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:

A site specific complaints policy and procedure was in place which covered both written

and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the internal appeals process and the nominated individual with oversight of the complaints process. Contact information for the office of the Ombudsman was also provided.

The inspectors reviewed the complaint records on file and noted that records were maintained about each complaint with details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. Inspectors were satisfied that the system for dealing with complaints was in keeping with statutory requirements. Further information on advocacy is recorded against Outcome 3 on Rights, Dignity and Consultation

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

The planned and actual staff rota was reviewed and the inspectors were satisfied that the staff numbers, their qualifications and skill mix, were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge. Appropriate deputising arrangements were in place. Effective supervision was in place on a daily basis with a qualified nurse on duty at all times and supervision was also implemented through monitoring with a senior staff nurse having responsibility for the day-to-day management of each of the three units in the centre. Systems of oversight included a comprehensive regime of audits around areas such as medication management and infection control. Communication systems such as staff meetings and handover processes were in place.

There were relevant policies around training, recruitment and vetting. The person in charge confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and centre-specific fire procedures and prevention with regular fire drills being undertaken. A review of training records indicated that a comprehensive schedule of training was available that included the delivery of care to residents with dementia and related communication needs. As discussed in previous outcomes staff were seen to interact and communicate appropriately where residents presented with a cognitive impairment. Staff spoken with understood their statutory

duties in relation to the general welfare and protection of all residents and those staff also articulated a good understanding of the needs of residents with dementia and were able to demonstrate appropriate strategies to manage and meet these needs on an individual basis.

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records although, of the records checked, evidence of employees' identity was not retained on file as required by Schedule 2 of the regulations. At the time of inspection there were no volunteers engaged at the centre.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was located in a rural area just outside Killarney and set back from the road on its own grounds. The original building had been extensively developed as a modern, two storey premises with balcony space extending along the length of the first floor. Ample parking facilities were available to the front of the premises. The centre provided accommodation for up to 74 residents comprising 42 single rooms, 39 of which were ensuite. There were 13 twin rooms, 11 of which were ensuite and two three bedded rooms with wash-hand basins. Bathroom and toilet facilities were appropriately located throughout the centre with separate facilities available for staff that included an area for changing and storage. The premises were very well maintained with a good standard of cleanliness in evidence throughout.

The layout of the centre was in keeping with the statement of purpose and supported the needs of those with a cognitive impairment in facilitating ease of movement from communal areas to the residents' private spaces. The entrance led into an open plan reception area and communal space that provided comfortable seating for residents and visitors. The dining area on this floor was also open plan and well laid out for easy access by residents. There was a treatment room on the ground floor that was also equipped for the provision of physiotherapy. A well equipped, stylish hairdressing salon was located adjacent to the reception area. Environmental stimuli to support people with dementia included murals and memorabilia in some communal areas. Residents also had access to a sensory room on the ground floor that was equipped with ambient lighting and tactile stimuli. In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support

the requirements of those with a cognitive impairment, such as the use of contrasting colours or visual cues to outline doorways or provide direction for example.

The design of the centre also offered scope for involvement in ordinary domestic activities such as the use of the kitchenette in the dementia focused unit on the first floor. Resident access to the outdoors was facilitated and the main communal sitting area upstairs opened directly onto the communal balcony area to the front of the building which provided raised planters, a barbecue area and seating overlooking the countryside. A comfortable tea/coffee lounge was also provided on this floor where both residents and their visitors could take refreshment. The dining area on this floor was bright and open plan with large windows and tables laid attractively for individuals and small groups. The centre had a small prayer room and could also provide accommodation and support to residents and their families should they need to stay overnight, at times of palliative care for example, if required.

Residents' rooms were comfortable and personalised to varying degrees with individual belongings and memorabilia. Individual accommodation provided adequate space for the use of assistive equipment if necessary and also space for the storage of personal belongings and a secure locker. All rooms in the extended part of the premises were equipped with a personal shower facility while accommodation in the older part of the building on the first floor provided wash-hand basins in rooms and residents also had access to an adequate number of shared bathroom facilities. The centre overall was bright, very well maintained, decorated and furnished. The services of a facilities manager were retained. Heating, lighting and ventilation was appropriate to the size and layout of the centre throughout.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose with segregated access areas for both clean and soiled wear. There was sufficient space and facilities to manage all laundering processes. The centre had an adequate stock of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents and equipment was stored appropriately in keeping with requirements.

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:

Mairead Harrington
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:	Our Lady of Lourdes Care Facility
Centre ID:	OSV-0000265
Date of inspection:	20/09/2016
Date of response:	24/10/2016

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:

In some instances:

- medications that were being crushed had not been signed off by the prescriber,
- PRN (as required) medications did not have maximum doses stated,
- a faxed prescription had not been signed off by the prescriber within the required timeframe.

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 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Management are committed to the application of the local medication management policy, observance of legislation, regulation and professional standards. Actions undertaken include:

- Inspection findings communicated to suppliers, medical practitioners and nursing staff and practice revised accordingly.
- Medication records revised to reflect a "maximum drug dose" section, "designated short term medication" and a "designated transcribed medication" section.
- Designated GP communication diaries in place.
- Weekly audit/spot checks performed by Nurse Managers.

Proposed Timescale: 01/11/2016

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:

The policy on prevention, detection and response to abuse required review to fully reflect current national policy and also to ensure appropriate directions to staff where allegations might be made against members of management.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Management are committed to full compliance with regulatory requirements in relation to safeguarding and operate a system of supervision and internal audit designed to identify and promote an environment that protects against potential abuse.

The Facility Manager is appropriately qualified to deliver all training on safeguarding and the recognition of abuse in residential settings. Training is delivered at least quarterly and all staff are aware of procedures around reporting in the event of an allegation against any member of the management team. Policy has been revised to address these circumstances accordingly. All staff will have familiarised and acknowledged the new policy by 1st December 2016

Proposed Timescale: 01/12/2016

Theme:

Safe care and support

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

Several members of staff were overdue re-fresher training in safeguarding and safety.

3. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Five training sessions in "The detection, prevention of and responses to abuse" have been delivered since March 2016. Three further refresher sessions have now been scheduled and all staff have been informed non-attendance will result in removal from roster. Training schedule to be part of the audit process.

Proposed Timescale: 22/12/2016

Theme:

Safe care and support

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

Systems to safeguard residents' finances required a process of overview and/or audit.

4. 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:

The provider regularly reviews relevant legislation to determine what is relevant to the facility. Appropriate arrangements have been in place to address any potential conflicts of interest and are clearly documented. The concern highlighted during inspection was due to a receipt not being entered into the records system at time of inspection . A full review of the system has occurred and a weekly audit of all residents' funds held by the service is in place. All receipts etc are now recorded immediately on receipt.

Proposed Timescale: Complete

Proposed Timescale: 02/11/2016

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:

Screening facilities in some shared rooms did not provide adequate privacy; in some instances shared bathrooms did not have locks to protect privacy and the glass side panels in the doors of many residents' rooms were partially opaque and did not fully protect the privacy of the occupant.

5. 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:

The shared bathroom is having the necessary locks fitted to ensure protection of privacy.

Privacy screens to meet the requirements in shared rooms have also been ordered.

The glass door side panels have been appropriately treated and now protect the privacy of all residents.

Proposed Timescale: 16/12/2016