

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Heart Nursing Home
Centre ID:	OSV-0000279
Centre address:	Crosspatrick, Johnstown, Kilkenny.
Telephone number:	056 88 31318
Email address:	sacredheartnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Theresa Quinn
Provider Nominee:	Theresa Quinn
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Ide Cronin
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	35
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 1 day(s).

The inspection took place over the following dates and times

From: 05 May 2016 09:45 To: 05 May 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Major

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. The inspection also followed up on progress with completion of actions required to address non-compliances with the regulations from the last inspection in the centre in December 2013. There were 10 actions identified from the last inspection. The findings from this inspection confirmed that all actions were satisfactorily completed with the exception of three actions in relation to the premises that had not been satisfactorily progressed. The layout and design of three, three bedded and one four bedded rooms were identified on the last inspection of the centre as being in major non compliance with the regulations. A proposed new extension to address this non-compliance with the regulations and national standards was not progressed. The provider advised inspectors that issues causing delay to commencing construction had been satisfactorily resolved and on the provider's instruction, confirmation of imminent

commencement of building works was forwarded to HIQA on 05 May 2016.

As part of the thematic inspection process, providers were invited to attend seminars which explained the inspection process. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided 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. The judgements of the self-assessment and the inspection findings are set out in the table above. There was a total of 35 residents in the centre on the day of this inspection, eight residents had a formal diagnosis of dementia and seven others had symptoms of dementia. The centre did not have a separate dementia specific unit.

Residents' accommodation was arranged on ground floor level throughout. Inspectors found the local management team and staff were committed to providing a quality service for residents with dementia. This commitment was demonstrated in the care of residents with dementia and the ongoing work to create a familiar and accessible environment for residents with dementia.

Inspectors met with residents and staff members during the inspection. They tracked the journey of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined the relevant policies including those submitted prior to this inspection. Inspectors found that the health and social care needs of residents were met to a high standard.

There were policies and procedures in place around safeguarding residents from abuse. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live independent lives. Staff were observed to be respectful, supportive and caring towards residents.

The Action Plan at the end of this report identifies areas in relation to the centre premises 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, nursing assessments and care planning. Inspection findings in relation to social care of residents with dementia are comprehensively covered in Outcome 3.

There was a total of 35 residents in the centre on the day of this inspection, one resident was in hospital. Eight residents had assessed maximum dependency needs, nine had high dependency needs, five residents had medium and 13 residents had low dependency needs. Eight residents had a formal diagnosis of dementia and seven others had symptoms of dementia.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Residents had a choice of GP and most residents were able to retain the services of the GP they attended prior to their admission to the centre. Residents had access to allied health care services including dietetic and speech and language therapy, optical and dental services. There was an occupational therapist employed at the centre three days each week. The occupational therapist reviewed each resident on their admission and completed their seating and mobility assessments and treatment plans to support their ongoing needs as required. Residents had good access to specialist medical services such as psychiatry of older age and palliative care services.

Inspectors focused on the experience and tracked the journey of 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.

Preadmission assessments were undertaken by the person in charge to ensure that the service could meet the needs of individual residents. Prospective residents and their families were invited to visit the centre prior to deciding to live there. Comprehensive assessments were carried out with care plans developed based on assessments within 48hrs of admission and in line with residents changing needs thereafter. Care plans were person-centred and clearly directed the care interventions to be completed by staff and were in line with residents' changing needs. The assessment

of need process involved the use of validated tools to assess each resident for risk of malnutrition, falls, cognitive impairment and skin integrity. Residents' progress was closely monitored and recorded and the daily nursing notes outlined the health, condition and treatments given for each resident and they were in accordance with relevant professional guidelines. Staff members were observed to provide care in a respectable and sensitive manner and demonstrated a comprehensive knowledge of residents' individual needs and preferences.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning development and reviews thereafter

There were systems in place to ensure communications between the resident/families, the acute hospital and the centre. Referral, discharge and transfer records were maintained and readily accessible. 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 their level of mobility, falls risk, communication needs, nutritional requirements and medications. The person in charge also developed a communication document for each resident with dementia and impaired communication to support them with communicating their needs whilst receiving healthcare in services outside the centre. Inspectors noted that documentation detailing interventions and follow-up plans was available for residents discharged from the acute services.

Inspectors reviewed the management of clinical issues such as wound care, diabetes and falls management and found they were well managed and guided by relevant policies

Based on records viewed by the inspector, there was evidence of good practice in relation to wound management. There was one resident with a pressure related skin injury. Appropriate assessments, treatment plans and procedures to prevent deterioration were in place. No other pressure related skin injuries had occurred in the centre since 01 May 2015.

Resident falls were reviewed individually and annually to identify any contributing factors. HIQA were notified of four resident falls resulting in a bone fracture since 01 May 2015. Residents' risk of falls was assessed on admission and reassessed every four months or more often if a fall occurred. There was evidence of the use of preventive measures such as movement alarms, hip protectors and enhanced supervision.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Inspectors also noted that individual preferences and habits around mealtimes were recorded. Copies of dietetic and speech and language therapy recommendations detailing residents' dietary needs and individual food preferences were available in the kitchen. Residents' meals are served in two settings, with residents needing assistance served first. Modified meals were attractively served. Staff were observed to sit with residents whilst providing encouragement and assistance with eating their meal. Staff chatted to residents and focused their attention to ensuring their needs were met. Residents were observed to be

given choice of a fabric clothes protector or a paper napkin. Menus were presented in pictorial format in addition to photographs of typical portion sizes so residents could make informed choices. Residents told inspectors that they 'enjoyed their meals' and 'looked forward to mealtimes'. Residents also complimented the cakes and confectionery baked for them by the provider.

Medication management practice and procedures were in line with professional guidelines. Inspectors observed that medications were stored and administered safely to residents by a registered nurse. Inspectors reviewed a sample of administration and prescription records and found that they were in line with prescribing legislation. The centre's pharmacist was facilitated to meet their obligations with dispensing medications for residents in the centre.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspectors were told by the person in charge that no residents were receiving 'end of life' care on the day of inspection. The inspectors reviewed a number of 'end of life' care plans. The 'end of life' care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. Single rooms were available for end of life care and relatives were accommodated in the centre to be with the resident at this time of their lives. An oratory was available and residents had good access to religious clergy as they wished.

Judgment:
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:

There was a policy in place to advise staff on protection of vulnerable adults from abuse. Since the last inspection the policy was amended to include protective measures to be taken during the investigative process should there be an allegation of abuse against a member of the management team. Staff spoken with by inspectors were familiar with the policy and their responsibilities to ensure residents were safeguarded. Staff were trained on protection of vulnerable adults. Staff-resident interactions observed by inspectors throughout the day of inspection were respectful, supportive and kind.

There were policy and procedures in place that promoted a positive approach to behavioural and psychological symptoms of dementia (BPSD). Inspectors were told by the person in charge that there were few residents who presented with BPSD. Staff

were knowledgeable about interventions that addressed the underlying cause of behaviours and described therapeutic interventions they used such as distraction techniques to prevent the escalation of behaviours. Positive behaviour care plans were developed and used to guide care. No PRN (as required) psychotropic medications were administered to residents for management of symptoms of their dementia. The inspectors observed that residents had been regularly reviewed by their GP, and were referred to mental health of later life for further specialist input as necessary. There was evidence of numerous training courses attended by staff to inform their practice in caring for residents with dementia and behaviour that challenges. The centre's occupational therapist had a qualification as a dementia champion and was supporting staff with providing evidence based practice in dementia care to residents with dementia.

From review of residents' documentation, it was evident that physical or chemical restraint was used only as a last resort. Incidents where restraint was used were appropriately notified to HIQA. Concerted efforts were made to promote a restraint-free environment and bedrail use was evaluated and monitored. Residents using bedrails had comprehensive risk assessments completed by the centre's occupational therapist to ensure their safety. Some residents at risk of falls had low-low beds, hip protectors and foam floor mats to promote their safety. These measures achieved the goals of care without restricting residents' freedom.

Residents spoken with by the inspector stated that they felt safe in the centre and were very complimentary of staff in relation to the care provided to them.

Residents had a locked drawer in their rooms for their money and valuables. There was a policy advising on managing residents' personal property. The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed. Residents could access their money kept in safekeeping as they wished.

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:

Inspectors were satisfied that residents were consulted regarding planning and the organisation of the centre. Residents' privacy and dignity was respected, and there were

opportunities for residents to participate in activities that suited their interests and capabilities. Inspectors reviewed the minutes of resident meetings and records were maintained of issues raised by the residents at these meetings. Activities within the centre, and the menu were discussed, and it was clear that residents were individually given the opportunity to raise their own issues at these meetings. Inspectors also observed that a resident had been nominated to act as an advocate for residents with dementia at these meetings. Residents told inspectors that they were facilitated to exercise their civil, political and religious rights. Residents were facilitated to vote in recent national and local elections, either in the centre or in polling stations locally.

There was evidence of a good communication culture amongst residents and the staff team and inspectors noted a happy atmosphere in the centre. There was a communication policy in place. Inspectors saw that most residents had detailed communication passports. Inspectors observed that residents were well dressed. Personal hygiene and grooming were well attended to by the care staff team. The inspectors observed staff interacting with residents in a courteous manner and respecting their privacy and dignity as appropriate. Residents told inspectors that they were able to exercise choice regarding the time they got up and were able to have meals at a time that suited them. Inspectors observed this in action with many residents choosing to have a lie on in the morning. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the communal area or in their rooms

Inspectors saw that residents had access to televisions and radios. Newspapers were widely available and the main news topics were discussed each day with residents. There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by an activities coordinator. On the day of inspection one resident had gone to play golf with the activity coordinator. An inspector spoke with the activity coordinator and occupational therapist. The occupational therapist was also part of the management team. They confirmed the range of activities in the weekly activity programme. They understood the needs of residents with dementia and were creative in ensuring residents with dementia were provided with activities that met their interests and capabilities. In relation to residents with dementia there was evidence of appropriate techniques such as life stories, reminiscence, reality orientation, doll therapy, rummage boxes and music used to enhance their communication. Inspectors were satisfied that the activity schedule provided for positive cognitive and physical stimulation and activation.

There was a noticeboard available providing information to residents and visitors. The person in charge outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. However, this information was available and referrals would be made on the resident's behalf if required. To enhance family and friends knowledge of dementia, the occupational therapist discussed plans to organise a dementia pop-up café. This was also outlined in the annual review of the quality and safety of services 2015 as a quality initiative for 2016.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the

quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. Observations of the quality of interactions between residents and staff for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Staff were observed to be very familiar with residents' physical care needs and their family backgrounds. Efforts to chat to residents about familiar topics such as, their family, previous interests or working life were observed.

Inspectors heard staff talking to residents about their own childhood and work life. Overall, staff were observed to make eye contact use touch and gentle encouragement in low key moderate and supportive tones of voice. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Mealtimes were unhurried and independence was promoted with residents gently encouraged to independently eat their meal as much as possible at their own pace. There was a calm and happy atmosphere noted during lunch providing a sense of positive wellbeing for residents with dementia.

The layout and design of three multiple occupancy bedrooms accommodating three residents and one bedroom accommodating four residents did not provide adequate space and hindered access to personal belongings for residents in these rooms. This finding is discussed and actioned in outcome 6.

Judgment:

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:

Inspectors viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed in an accessible position in the centre. There was a nominated person to deal with complaints in the centre. The name and contact details of an independent appeals person was detailed on the complaints process and details for the ombudsman were made available.

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

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:

Inspectors found that the staff team were very committed and caring in observation of their practice and in discussions with them. Staff told inspectors there was open informal and formal communication within the centre to discuss issues and residents needs as they arose.

Inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Inspectors observed that call-bells were promptly answered. Inspectors found that there were procedures in place for close supervision of residents in the communal areas. Adequate staff members were available to assist and supervise residents in the dining room throughout mealtimes. An actual and planned staff roster was in place. Staff on duty on the day of inspection reflected the staff roster.

There was a written staff recruitment policy in place. An inspector reviewed a sample of staff files and found that the required documentation was in place as required by the Regulations. The inspector observed that An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff were in place in the staff files that were viewed. The provider had ensured that volunteers were vetted and supervised appropriate to their role.

Training records viewed and staff spoken with confirmed that all staff had up to date mandatory training in fire safety, manual handling and safeguarding vulnerable adults. The occupational therapist was a dementia champion and had facilitated in house training to staff on dementia care including the mealtime experience for residents with dementia. Staff had also undertaken other training such as continence care, preventing and responding to behaviour that challenges, promoting a restraint free environment and best practice principles in dementia.

The inspector saw records of regular meetings between staff and the person in charge. The inspectors found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents with dementia living in residential care. Throughout the inspection process it was found that staff were aware of their roles and responsibilities under the legislation. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to

them. Inspectors observed that residents were at ease in their surroundings and content with staff.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The premises are a single-storey building. Residents with dementia integrated with other residents in the centre. Residents were accommodated in 12 single bedrooms, five twin bedrooms, three bedrooms accommodating three residents in each and one bedroom accommodating four residents. Communal areas comprised a large sitting room, a second smaller sitting room where residents could relax in a quiet environment, two dining rooms, a small prayer room a room where residents could smoke safely.

The layout of the three and four bed multiple occupancy bedrooms and space available for storage of cleaning equipment were identified on the last inspection of the centre in December 2013 as being in major non compliance with the regulations as they did not meet their stated purpose. The provider advised HIQA in her action plan response that the non compliances identified would be addressed with completion of a new extension consisting of ten single, en suite bedrooms and some associated refurbishment of areas of the existing premises. The inspectors found on this inspection that the proposed building works had not commenced to date. The provider advised inspectors that issues causing delay to commencing construction had been satisfactorily resolved. On the provider's instruction, confirmation of imminent commencement of building works was forwarded to HIQA on 05 May 2016. Since the last inspection, the provider revised the layout of the three bedrooms accommodating three residents and the bedroom accommodating four residents, as an interim measure to meet the needs and comfort of residents in the centre. The inspectors found that the interim actions taken partially improved the layout and space available to residents. However, further significant improvement is required to ensure the identified areas of the premises meet their stated purpose, including provision of a therapeutic and comfortable environment for residents with dementia.

While there was an adequate number of toilets and assisted showers to meet the needs of residents, they were not suitably located proximal to bedrooms. For example, there was only one toilet located in the original part of the centre where the bedrooms that were not en suite were located and none of the assisted showers were located in this

part of the centre.

The centre premises was assessed by the occupational therapist to ensure circulating, shower and toilet areas were fitted with assistive aids to support residents with mobility needs. However, there was no evidence that colour was used to support people with dementia toilet doors, toilet seat covers and grab rails in toilets and showers were not in contrasting colours to assist residents with dementia. Residents were individually assessed and provided with assistive equipment such as commodes, hoists, wheelchairs and specialised seating as necessary.

The centre was observed to be bright, and decorated in a domestic style. The large communal sitting room provided a spacious and comfortable area for residents. Most residents rested in the main sitting room on the ground floor, which was bright with natural light from large windows around a circular wall. A large screen television was available to support ease of viewing for residents including residents with visual problems. There was access for residents with dementia to a safe and secure external garden.

The inspectors saw that some residents personalised their bedrooms with photographs and personal items. However, space for this purpose was limited in multiple occupancy bedrooms.

The environment in the centre was brightly painted and the many large windows provided good natural lighting to support residents' access around the centre. Use of non-patterned floor covering also aided access for residents with dementia. There was some use of signage to support residents with dementia; however this area needed further improvement. The provider also concurred with this finding in the action plan in the pre-inspection self-assessment document. Familiar curtain designs, wallpapering, pictures and photographs supported the comfort of residents with dementia.

The centre was visibly clean, however, some wall surfaces and door-frames were damaged from passing resident equipment and required repair. Hand hygiene dispensers were located at intervals throughout the centre and staff were observed to carry out hand hygiene procedures as appropriate. Personal protective equipment including disposable gloves and aprons were available.

All staff had completed fire safety and evacuation training. Residents had personal evacuation risk assessments completed identifying their needs in the event of an evacuation being required. An action from the last inspection required provision of a fire extinguisher in the room used by residents for smoking safely, which was satisfactorily completed.

Judgment:

Non Compliant - Major

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:

Catherine Rose Connolly Gargan
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:	Sacred Heart Nursing Home
Centre ID:	OSV-0000279
Date of inspection:	05/05/2016
Date of response:	03/06/2016

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 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout and design of multiple occupancy bedrooms did not meet their stated purpose. .

1. 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

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

accordance with the statement of purpose prepared under Regulation 3.

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

Proposed Timescale:

Theme:

Effective care and support

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

While there was an adequate number of toilets and assisted showers to meet the needs of residents, they were not suitably located proximal to bedrooms.

Some wall surfaces and door-frames were damaged from passing resident equipment and required repair.

2. 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:

Proposed Timescale: