

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ard Na Rí Nursing Home
Centre ID:	OSV-0000405
Centre address:	Holycross, Bruff, Limerick.
Telephone number:	061 382286
Email address:	info@ardnarinh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Daveen Heyworth and Derek Paterson Partnership
Provider Nominee:	Daveen Heyworth
Lead inspector:	Mary O'Mahony
Support inspector(s):	Mairead Harrington
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

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:
14 September 2016 10:30	14 September 2016 18:30
15 September 2016 09:45	15 September 2016 16:00

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

Summary of findings from this inspection

This inspection of Ard na Ri Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Inspectors followed the experience of a number 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. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to HIQA prior to the inspection. On the day of the inspection there were 24 residents in the centre and

one vacant bed. The person in charge had stated that there were nine residents in the centre who had been diagnosed with dementia.

Inspectors observed that staff had created an environment for residents with dementia which promoted wellbeing and autonomy. The centre was located in a quite rural area with scenic views of the surrounding countryside. There was a hen coop and hens in the garden as well as raised garden planters which were maintained by one of the residents. The person in charge explained that work had been undertaken on the small enclosed garden area which had proved very popular with residents and their visitors. The garden was furnished with suitable outdoor seating and colourful ornaments and plants. Garden fencing in this area was multi-coloured and residents with dementia were seen to be accompanied outside by staff during the day. The person in charge stated that planning permission had been granted for an extension to the centre which would incorporate a larger garden.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge/ provider, the deputy person in charge, staff nurses, care staff, the activity co-ordinator and catering staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, allied health care records and policies. A number of staff files and residents' care plans were checked for relevant documentation. The person in charge informed inspectors that she was involved in the centre on a daily basis.

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 formed the basis for judgments made by inspectors. Inspectors found that the centre was compliant in one Outcome, substantially compliant in one Outcome, moderately non compliant in three Outcomes and there was major non compliance in Outcome 6: Premises.

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:

Similar to findings on the previous inspections the person in charge and staff were supported in their roles by an external consultant who provided guidance for documentation and management issues. A sample of care plans reviewed by inspectors was found to be detailed, person centred and relevant. Each resident's file had a table of contents which enhanced the accessibility of information. Inspectors spoke with the nurse who was the lead person in the care planning process and she explained and demonstrated how care plans were updated four monthly and as required. For example, one resident with dementia had returned from hospital. The resident's physical and psychological needs had changed since returning to the nursing home. Inspectors viewed the updated plans of care. There was evidence that the resident's family were involving in the care planning process. A family member spoken with confirmed the details of the care plan with inspectors. In addition, kitchen staff were aware of the revised care plans. The resident was seen by inspectors and appeared comfortable and well cared for. The physiotherapist stated that the resident was receiving chest physio and inspectors were informed that medications were being reviewed on a weekly basis. Inspectors viewed documentation and medical notes which confirmed this. Relevant blood tests were undertaken and appropriate equipment and bedding was provided for the resident's comfort. However, one care plan was noted to lack detail in relation to an on-going care issue. This was addressed under Outcome 7: Safeguarding and safety.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. The assistant director of nursing spoken with by inspectors stated that residents' medication was reviewed by the GP every three months. The person in charge stated that the aim of the review was to change or reduce medication where necessary. A sample of care plans of residents who had been diagnosed with dementia were reviewed by inspectors. Specialist services and allied health care services such as physiotherapy, occupational therapy (OT), speech and language therapy (SALT) and dietician services were seen to be facilitated. The chiropodist attended on a monthly basis and documentation confirming this was reviewed by inspectors. Care plans were formulated as a result of these reviews and these were informative and detailed. Clinical assessments such as skin integrity, falls,

continence, cognitive, pain and nutritional status were undertaken for each resident. The Malnutrition Universal Screening Tool (MUST) was utilised to assess the risk of malnutrition for any resident with dementia who had lost weight. Residents' weight was recorded monthly.

Inspectors spoke with the catering staff and found that the kitchen was well stocked with fresh and frozen foods. Documentation in relation to dietician and SALT guidelines was readily available to staff. They stated that they had been afforded relevant training including food hygiene and infection control. Records of this training was viewed by inspectors. There was good communication between the dietician, the staff and the kitchen staff. Inspectors spoke with a number of the kitchen and restaurant staff who were found to be familiar with residents' nutrition needs, special diets, likes and dislikes.

An audit of care plans, of practices in relation to dementia care and of the use of physical restraint had indicated a high compliance rating. Improvements were made following audit findings and learning was disseminated to all staff. Minutes of staff meetings seen by inspectors had outlined discussions on audit findings.

Inspectors observed that there was a well developed social dimension to residents' lives in the centre. Residents with dementia were unrestricted in their movements from room to room and were seen to be supported to walk around if they appeared restless. This aspect of care will be discussed further under Outcome 3: Residents' rights, dignity and consultation.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014 and other best evidence based practice. Inspectors found that measures were in place to protect and safeguard residents. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training on recognising and responding to elder abuse. A number of new staff members were yet to receive this training. The person in charge informed inspectors that these staff were scheduled for training following the inspection. However, the training matrix seen by inspectors was not up to date. An updated matrix was submitted following inspection. Residents spoken with said they felt safe in the

centre. However, inspectors found that a safeguarding plan had not been put in place for a resident who had fears and anxieties. The person in charge arranged for an advocacy visit for this resident which was facilitated during the inspection. In addition, the person in charge undertook to develop appropriate, related care plans to support this resident's needs. Relatives confirmed with inspectors that staff were approachable. Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. However, older contacts of care did not outline the extra fees to be charged for services such as chiropody and hairdressing.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia and BPSD. Individualised care plans on behaviour issues were in place in a sample of residents' files seen by inspectors. Inspectors noted that the use of psychotropic medication was reviewed regularly by the GP. During the inspection staff intervened appropriately to support residents with dementia. For example, a resident who was restless was taken for a walk around the centre which seemed to alleviate the resident's anxiety. In addition, another resident who had been diagnosed with dementia was busy caring for some personal items and objects which supported the resident's sense of well being. Inspectors spoke with these residents who appeared happy and content.

The centre promoted a restraint free environment. On the day of inspection there were eleven residents who had been assessed as requiring bedrails. Consent and risk assessments were in place for these. There were alternative measures to the use of bedrails employed by staff. For example, on the day of inspection two low-low beds were delivered to the centre. One of these beds was seen to be installed for a resident with dementia. However, a log of nightly risk assessment checks of residents with bedrails was not maintained in the centre.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge informed inspectors that residents with dementia were enabled to make choices and maintain their independence. There were opportunities for all residents to participate in activities suitable their assessed needs and interests. Inspectors reviewed the minutes of residents' meetings and noted that any concerns

raised were addressed. In addition, resident surveys were carried out and issues raised were resolved. Residents were consulted about meal choices and they informed inspectors that there was choice available for each meal. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with inspectors and stated that they were facilitated to vote either externally and in the nursing home. On the day of inspection a religious service was held in the centre and the majority of residents attended this. The activity co-ordinator stated that this took place every week. Inspectors observed that residents with dementia were included in all services and activities and they were seen to be happily participating.

Residents' requests and preferences were prioritised when planning activities and excursions. There were photographs on display in the hallway which had been taken at events both inside and outside the centre. Residents with dementia were seen to be enjoying an outing to an old fashioned farmhouse. The activity co-ordinator told inspectors that this provided an excellent reminiscence opportunity for residents. He showed inspectors a picture of one resident, with a farming background, milking a cow at the farm. Visits were unrestricted. However, due to the limited space in the centre there was no suitable private space other than residents' bedrooms for private visits. Visitors were observed spending time with residents during the days of the inspection.

There was a variety of activities available to residents which were organised by two activity staff members. Residents with whom inspectors spoke said that one of these staff members was on leave at present. Inspectors confirmed this on the duty roster. The weekly activity schedule included baking, quiz, Sonas, music sessions, board games, arts and crafts, gardening, newspaper reading, religious activity, balance exercises and chair based exercise. During the inspection, inspectors spoke with the activity staff member and observed residents participating at various events such as music and quizzes. Staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity staff member spent time with these residents facilitating for example, music sessions, religious services, hand massage and Sonas. Documentation to this effect was seen in residents' care plans.

Life stories were available in a number of residents' care plans. This documentation included details of residents' individual interests, level of communication, preferences and background. However, this information was not yet available in all residents' files. However, the activity staff member showed inspectors the new documentation which he was using for life story work. Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. Residents with dementia had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia. In addition, care plans were in place to guide staff when supporting residents with BPSD.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the

Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in communal areas. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. During the first observation period the inspector noted that interactions were positive and meaningful. Staff members interacted with residents in a calm and relaxed manner. Residents were referred to by name. Staff members engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The activity was designed to encourage and facilitate successful responses. Residents were seen to be enjoying the group interaction and were heard responding and singing along to familiar songs, answering quiz questions and proverbs. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

A second observation period was undertaken on day two of the inspection. Staff were seen to support residents who required help to eat their meals and to speak to each resident individually before any care support or social support was offered. Residents who had dementia were seen to be independent when eating their meals. Residents were treated equally and where prompting was required this was sensitively offered. There were sufficient staff on duty in the dining room to support staff. There was a calm and happy atmosphere in the dining room providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and staff were available to support residents and staff throughout the period of observation. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Inspectors found that the majority of interactions during the second observation period involved positive connective care.

Inspectors observed that notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services. The centre had engaged the services of a national advocacy organisation. On the day of inspection an advocate came to speak with residents about the services and support on offer. The advocate also spoke with staff members about the role of the advocate in supporting residents. Overall inspectors found there were systems and fora in place to support residents with dementia and their representatives and to facilitate them to participate in assessments and care planning.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
Inspectors viewed the policy and procedure for investigating and handling complaints.

The complaints process was displayed in a prominent position at the entrance to the centre. The name and contact details of an independent appeals person was detailed on the complaints process as required by regulations. Contact details for the ombudsman were specified.

Inspectors reviewed the complaints log and found that complaints were responded to promptly. However, one complaint had not been followed up with appropriate care planning and the issue had not been resolved at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there was an appropriate number and skill mix of staff available to meet the holistic needs of residents including residents with a diagnosis of dementia. The person in charge informed inspectors that staff were supervised according to their role and appraisals were conducted annually. A sample of these were seen by inspectors. Inspectors reviewed the roster and these records indicated that consistent staff and staffing levels were maintained.

Training records viewed by inspectors confirmed that the majority of staff had completed mandatory training in areas such as safeguarding and safety, knowledge of BPSD, manual handling and fire safety. However, the training matrix available on the day of inspection was not complete and consequently it was not possible for inspectors to verify if all training was up to date. For example, a number of staff stated that they had not been provided with infection control training. This was significant as care staff also did laundry for residents. Care staff were also required to sluice soiled sheets. There were no dedicated laundry personnel working in the centre. As a consequence of this care staff were required to leave their work area to go to an outside building where the laundry room was located. Staff had not been trained in the correct washing temperatures for soiled bed sheets. In addition, although alginate bags were available in the centre it was not clear to inspectors if staff were aware of where to access them. The person in charge informed inspectors that the practice of laundry management would be reviewed. The recruitment policy seen on inspection was implemented in practice according to a number of staff interviewed by inspectors. A sample of staff files reviewed by inspectors were found to contain the regulatory documents and were kept in good order.

An updated training matrix was forwarded to HIQA following the inspection.

Judgment:

Non Compliant - Moderate

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 centre was established in 1985 and the standard of décor and layout of the centre reflected this period. However, the centre was homely and areas of reminiscence had been developed for residents with dementia, for example, items of interest were displayed in a display unit in the hall, an activity board was in place for residents interested in building and carpentry and a sensory garden had been developed outside. Residents in the centre appeared to have a sense of wellbeing which was demonstrated by their smiling demeanour, sitting in a companionable way together and helping each other when distressed. For example, one resident who was at risk of falling was encouraged by other residents to be careful when he stood up.

The provider maintained a safe environment for mobile residents with dementia. Residents were seen to use the handrails in corridor areas and in bathrooms and toilets. However, some grab rails were not located near to the toilets and were inadequate as regards supporting residents, when sitting and standing up, from the toilet. Inspectors observed that the premises was very clean. However, some residents required supervision when walking as there were areas of uneven flooring which presented a trip hazard. As identified on previous inspections, the premises did not conform to the requirements of regulations and national standards. Uneven floor surfaces were present throughout, with sloped floor areas leading into toilet and bathroom areas. In addition, some areas of the wooden floor covering required repair. There was a suitably equipped kitchen in the centre. However, the handle on the fridge door was broken. The person in charge stated that a new handle had been ordered. Due to the restrictions on space in the centre inspectors noted that a hoist was stored in a resident's bedroom, a linen trolley was stored in a sitting space for residents, residents had little individual space in the sitting room and double bedrooms were small. For example, residents clothes were stored on radiators in some rooms. Inspectors observed that there was a lack of pictures in the hallways and in the bedrooms. The décor in some bedrooms was dull as a result. One bedroom had a water stain area on the ceiling.

The first floor bedrooms were accessible with the use of a stair lift. The person in charge stated that most residents upstairs had good mobility. However, there was inadequate bathing/shower facilities on the ground floor; 16 residents shared one bathroom. Upstairs residents used commodes which again due to lack of storage space were stored in the bedrooms. In addition, there were some maintenance issues requiring attention in

the first floor accommodation area. For example, one en suite toilet area had unfinished tiling behind the sink, inspectors saw that the missing tiles were stored on the floor behind the sink: bathroom floor covering was stained and two taps had a constant drip in one sink. There were exposed hot pipes in the hot press which were quite accessible, The person in charge stated that these would be risk assessed and appropriately lagged. There were a number of entrance doors to the centre. Inspectors observed that a number of visitors were not using the main entrance door and were using a door which led into residents' sitting area. This was significant as a resident had previously absconded when relatives inadvertently left him out the door, unnoticed by staff. The person in charge undertook to address this risk. The space available to cleaning staff consisted of a very small alcove cupboard when there was a sink, a green and a red cleaning bucket as well as cleaning materials. This was inadequate space for this activity as the member of staff had to stand in the hall when emptying and filling the cleaning buckets from the sink area.

On the second day of inspection the provider/person in charge stated that planning permission had been granted for the proposed new extension. These plans had been revised which led to a delay in the proposed completion date. The provider was required to apply to vary the conditions of the previous registration which had stated that works were to be completed by 2017. The building project was now expected to be commenced before the end of the year.

Matters to be addressed in the proposed plans included making the first floor safe and suitable for residents, creating extra space including space for residents to meet with visitors in private, increased communal space, increased storage space, suitable laundry facilities and the provision of bedrooms with adequate space to meet the needs of each resident. Shower and sluice facilities were to be increased, the inclusion of a new nurses' station and office space were part of the plan. In addition, a larger, new secure garden area was to be created for residents' enjoyment.

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:

Mary O'Mahony
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:	Ard Na Rí Nursing Home
Centre ID:	OSV-0000405
Date of inspection:	14/09/2016
Date of response:	04/10/2016

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 02: Safeguarding and Safety

Theme:

Safe care and support

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

A number of new staff had yet to receive training in the prevention of elder abuse.

1. Action Required:

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

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

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

At the time of the inspection, all staff had received elder abuse training within the previous two years. This was confirmed in the updated training matrix forwarded to the inspectors.

Additionally, recognising and responding to elder abuse was also included in dementia training delivered to staff in June 2016.

Elder abuse training has been scheduled for staff during November 2016.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

One resident did not have a safeguarding plan in place.

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:

This resident's care plan will be updated to include a safeguarding plan to address his fears and anxieties.

Proposed Timescale: 02/10/2016

Theme:

Safe care and support

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

A sample of contacts for residents with dementia did not set out the extra charges payable for residents such as the cost of hairdressing and chiropody.

A log was not maintained of nightly checks of bedrail use.

3. Action Required:

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

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

At the time of the inspection, the schedule of extra charges was outlined in the resident's guide for all prospective and new residents.

Additionally, the schedule of all extra charges is available in every resident's room.

The schedule of charges are included in all contracts of new residents as per the 2013 regulations.

All resident's contracts will be revised with the resident and / or representative to ensure that they meet the requirements of both the regulations, 2013 and the updated National Standards, 2016.

We will revise the layout of the nightly log so as to ensure that staff can clearly document bedrail checks undertaken during the night shift.

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:

Due to the lack of space in the centre residents were limited in undertaking personal activities in private.

4. 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:

As per previous plans submitted to the inspectorate, a new extension is planned for the centre to address the privacy needs of residents. Currently, residents can undertake personal activities in their rooms and screening is provided in shared rooms to safeguard resident's privacy as far as is possible until the new extension has been completed.

Proposed Timescale: 31/01/2019

Theme:

Person-centred care and support

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

Due to space restrictions in the centre residents and visitors had limited places to meet outside of residents' bedrooms.

5. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the

resident's room, if required.

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

This will be addressed in the planned extension for the home.

Proposed Timescale: 31/01/2019

Theme:

Person-centred care and support

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

There was inadequate space for all residents to store clothes and possessions.

6. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Where possible additional furniture will be provided as identified. In the long term this deficit will be addressed in the planned extension for the home.

Proposed Timescale: 04/12/2016

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:

Improvements had not been put in place in response to a complaint. For example, care plans had not been updated in response to a resident's complaint.

7. Action Required:

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The care plan will be updated to meet the resident's needs.

Proposed Timescale: 02/10/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

As the training records were not comprehensively maintained it was not possible for inspectors to verify if all appropriate training had been undertaken by staff. For example, not all staff spoken with had been afforded infection control training.

8. Action Required:

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

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

Infection control training has been provided for all staff on an annual basis over recent years as verified by the training matrix submitted to inspectors. This training has been included in the training plan again for this year and is due to take place on the 2nd November 2016.

Proposed Timescale: 02/11/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The premises were not appropriate to the number and needs of the residents of that centre as outlined under Outcome 12.

9. 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:

This will be addressed in the planned extension for the home.

Proposed Timescale: 31/01/2019

Theme:

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre in the following matters:

- floor covering was not safe in some areas of the premises and in the lift
- grab rails were not adjacent to the toilets
- inadequate private and communal space for residents
- inadequate space and storage facilities
- adequate safe external garden areas for use by residents
- inadequate bathroom, toilet and shower areas
- the premises was not suitable decorated in some areas
- repairs were required internally

10. 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:

1. The premises deficits as identified due to structural constraints will be addressed and included in the planned extension to the centre. These include private and communal space for residents, adequate space and storage facilities; safe external garden areas for use by residents; adequate bathroom toilet and shower areas; clean room adequate space for staff;
2. Floor covering throughout the centre will be repaired or replaced as appropriate;
3. Grab rails will be repositioned adjacent to toilets where identified;
4. The fitting of pictures, artefacts, items of interest and reminiscence etc. on the ground floor will be extended to the first floor. The opinion of residents will be sought at the forthcoming resident's committee meetings with regard to the décor in their room including prints and pictures. The outcomes from such meeting will then be acted upon;
5. A strong emphasis will be put on ensuring equipment and other operational items are stored appropriately and securely within current constraints;
6. Maintenance issues such as missing ceramic tiles, stained floor covering and ceiling, water tap drip, unlagged hot water pipes will be made good.

Proposed Timescale:

Item 1-January 2019;

Items 2-6 within 2 months

Proposed Timescale: 31/01/2019

