

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Deerpark House
<b>Centre ID:</b>	OSV-0004452
<b>Centre address:</b>	Seafield, Bantry, Cork.
<b>Telephone number:</b>	027 52 711
<b>Email address:</b>	info@deerparkhouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dansar Care Limited
<b>Provider Nominee:</b>	Patricia Kelleher
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	41
<b>Number of vacancies on the date of inspection:</b>	9

## **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:
05 April 2016 10:05	05 April 2016 18:35
06 April 2016 09:35	06 April 2016 17:35

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
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		Substantially Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of 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 inspection was unannounced and took place over two days. The inspector met with residents, relatives, staff members and the proprietor of the centre, who fulfilled the role of both person in charge and provider. Of the 41 residents who were residing in the centre on the days of the inspection 13 had a confirmed diagnosis of dementia. The centre did not have a specific residential dementia unit and resident care was

integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector 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.

The provider had completed a dementia care self-assessment form in advance of 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 provider had assessed that the centre was in compliance with the requirements. Findings on this inspection concurred with the self-assessment in relation to premises and assessed substantial compliance in relation to health and social care, complaints, rights and dignity. In relation to residents' healthcare and nursing needs the inspection findings were positive with a good 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.

However, some areas for improvement were identified. For example, documentation required review in relation to policies on safeguarding, medication management and also the use of closed circuit TV. Refresher training for staff in mandatory areas such as safeguarding and safety and fire was also overdue. These issues are further explored 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.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Admission procedures in place included a pre-admission assessment by a suitably qualified person. Residents were comprehensively assessed on admission and care plans were developed in line with residents' changing needs. A sample of care plans was tracked on inspection and it was found that timely and comprehensive assessments were carried out with care plans reviewed in keeping with regulatory requirements. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity. Recent training had been delivered to staff at the centre around the development of person-centred care planning and nursing staff spoken with were able to explain how learning was being applied in practice. This included the development of 'life story' information and a care planning process whereby residents, and their families where available, were provided with hard copies of care plan reports on a quarterly basis for reference and discussion. Of the cases reviewed appropriate care plans were in place around all activities of daily living and specific plans were in place for individual issues identified such as nutrition, wound management, toilet requirements and personal hygiene.

There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place. These included regular attendance and review by the general practitioner (GP), advance care plans informed through consultation with residents and their families and the allocation of nominated key workers to specific residents. All residents who returned a high risk score following assessment with a standardised nutritional assessment tool were monitored by a regime that included daily records of intake and a weekly review of weight records. The nutritional and hydration needs of residents with dementia were seen to be well met. However, related policies were out of date and required review. Catering staff spoken with had been appropriately trained and understood the particular needs of the resident profile. Hard copy communication systems for each resident with special dietary or nutritional needs were in place. These

were regularly reviewed with nursing staff where changes occurred, or for new admissions. 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. The centre provided two dining areas including one where residents would receive appropriate assistance with their meals as necessary. Dining rooms were bright and tables were well laid and set out for individuals or small groups according to preferences. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and home baking was also provided. Meals were thoughtfully presented including those for residents who required the consistency of their food to be modified. Snacks and refreshments were seen to be appropriately provided on a regular basis throughout the duration of the inspection.

Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services.

A comprehensive policy on the provision of care at end-of- life was in place which appropriately addressed the physical, emotional, social, psychological and spiritual needs of the resident. However, this policy was out of date and required review. The services of a consultant geriatrician and palliative care team could be accessed via the local community hospital. Of the records reviewed, meaningful end-of-life care plans were in place for those residents that included preferences around place of death and spiritual services. A designated private room was available for end-of-life care and the centre also provided arrangements to repose a resident if requested. Arrangements were available to accommodate relatives to stay overnight if required.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed in relation to issues of mobility. Where appropriate care plans were in place around issues of mobility and falls and those inspected were relevant and regularly reviewed. 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.

Processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. However, written policies and procedures on medication management were out of date and in the form of a generic template that required review in order to fully comply with regulatory requirements. Medication prescription and administration records were in keeping with regulatory requirements and contained the necessary biographical information. Staff were observed to follow appropriate administration practices. Times of administration were recorded and signed appropriately. Where residents with cognitive impairment refused medication in the first instance, good practice was in evidence with staff repeating the offer of medication at a slightly later time. In instances where such refusal persisted the administration record was noted accordingly and a referral for review by the GP as appropriate was put in place.

**Judgment:**  
Substantially Compliant

## ***Outcome 02: Safeguarding and Safety***

### **Theme:**

Safe care and support

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

No actions were required from the previous inspection.

### **Findings:**

There was a policy and procedures in place for the prevention, detection and response to abuse which was overdue review and did not reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse (2015)'. This policy and procedure required review to provide directions to staff in keeping with current guidelines; and in relation to the statutory duties of those with responsibility for investigating allegations made against agents other than staff members, such as members of management, other residents, visitors, relatives or friends. Records indicated that a regular programme of training on safeguarding and safety was delivered by the centre. Staff members spoken with by the inspector had received appropriate training, understood how to recognise instances of abuse and were aware of the relevant reporting systems in place. However, training had last been delivered in June 2015 and refresher training on this issue was overdue for several members of staff. Residents spoken with by the inspector 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.

Where possible residents managed their own finances either independently or with the support of family and the centre did not administrate any individual accounts. Systems were in place to safeguard residents' finances with a record maintained of individual transactions where entries were recorded and double signed. A sample of these records were checked and the figures reconciled with the balance of funds held.

A policy and procedure was in place in relation to managing challenging behaviour. A large number of staff had received recent training in relation to people with dementia (PWD) and related behaviours and psychological symptoms of dementia (BPSD). Through observation and a review of care plans it was evident that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. A daily notes narrative was entered on the electronic care plan system and a review of these entries indicated that staff were monitoring residents in a manner that was person-centred and that the information recorded was meaningful and relevant and supported other staff in their delivery of care. A current restraint policy was in place. Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring of their use with reviews by a GP also recorded. Nominated staff were responsible for the review of individual resident assessments where such restraints were in use. Information on the use of these

restraints was also included in quarterly notifications as per statutory requirements.

**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 inspector saw evidence that appropriate support was afforded to residents in the exercise of their civil, political and religious rights. Residents spoken with confirmed they were assisted to participate by vote in recent elections and there were photographs on display of residents on polling day. The centre implemented a policy and practice, particularly in relation to end-of-life, that supported residents in their religious and spiritual preferences. The inspector observed a person-centred culture of care in the centre. Both staff and visitors appropriately considered the privacy needs of residents with cognitive impairment. Staff were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about their choices. Appropriate consideration was given to how the mood of a resident with dementia might change and staff were seen to implement measures to ease residents who were experiencing agitation. This included relevant questioning to ensure understanding of the issue and also the use of diversion and distraction tactics that were appropriate to the circumstances of the situation, for example where a resident with dementia consistently sought to smoke.

There were no restrictive visiting arrangements and, on the day of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Feedback from visitors was consistently positive around their experience and observation of care at the centre. The inspector was informed by residents that they attended regular resident meetings. They stated that their feedback was listened to and changes made when necessary. Minutes of these meetings were available for review during the inspection.

The centre had several employees dedicated to the provision of a broad range of activities including those specifically designed to support the needs of residents with dementia or cognitive impairment. These included tactile and sensory stimulation such as head and hand massage, aromatherapy and music sessions. The weekly activity schedule included morning and afternoon arrangements for activities such as music, arts and crafts, Sonas and exercise time. The centre had a separate lounge area that was equipped for exercise and at various times throughout the inspection residents were



seen engaged in related activities there. The inspector noted that relaxing music sessions were also provided in this lounge for residents with more cognitive impairment at times when other residents might be receiving visitors or playing bingo in the main day room. A hairdresser regularly attended the centre and there was an appropriately equipped facility to support this service. All residents had unrestricted but supervised access to a secure, well maintained courtyard area with seating area and a water feature.

Inspectors observed that members of staff acknowledged all residents as a matter of course and noted that those with advanced dementia were also routinely included in the conduct of day-to-day activities and duties. Although these exchanges were often brief the communication was consistent, appropriate, interactive and inclusive. Staff from all areas of the centre, household and catering staff, as well as care staff, were seen to engage positively in this way. However, the centre's policy on communication required an updated review to better reflect the good practice and person-centred approach in evidence at the centre during the inspection.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in a block of 30 minutes. Three episodes were monitored in this way and a positive result was recorded for each when it was noted that staff had engaged positively and meaningfully with residents on a regular basis. In general, residents with dementia were seen to receive care in a dignified way that respected their personhood. Inspectors observed staff interactions with residents that were appropriate and respectful in manner.

Advocacy arrangements in place at the centre included a nominated member of staff who undertook regular meetings, both in groups and individually. Records of these meetings were available for reference. However, appropriate arrangements were not in place to provide residents with access to an independent advocacy service.

The inspector noted that closed circuit television (CCTV) monitoring was in use in several areas of the centre, including the corridors and two communal rooms. The CCTV policy required review in order to reflect both the procedures of the centre and the requirements of relevant data protection legislation as regards the rights of residents, visitors and staff. Additionally, signage as to the locations of its use was not clearly placed.

**Judgment:**

Non Compliant - Moderate

***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:**

There was a complaints policy in place that had been reviewed on 4 January 2016 and the complaints procedure was displayed prominently in the centre. 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 complaints procedure was also referenced in the contract of care.

The inspector reviewed the complaint records which were maintained electronically and noted that the system included entries for the complaint, complainant, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. Staff members spoken with explained that where practical issues were raised they were usually addressed on an ongoing basis at the time. Residents spoken with understood who was in charge and how to make a complaint. The person in charge explained that learning from any issues raised could be communicated through regular staff and management meetings. However, a review of the complaints indicated that actions taken to resolve issues were not always directly relevant to the issues raised. For example, the improvement of an activities programme for one resident had been recorded in response to a concern as to how their breakfast tray was presented and it was unclear how the complainant's satisfaction in this regard had been verified. Information on the availability of advocacy services is recorded against Outcome 3 on Rights, Dignity and Consultation.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing*****Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The planned and actual staff rota was reviewed and inspector was 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. As discussed in previous outcomes staff were seen to interact and communicate appropriately where residents presented with a cognitive impairment. A system of supervision was in place and included an appraisal system and a schedule of performance assessments; however, this schedule was overdue and appraisals had exceeded the annual time cycle. Related

policies also required review to include guidance around these performance management procedures. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review.

The provider and person in charge confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and fire procedures and prevention. A regular schedule of training was available to staff and those spoken with understood their statutory duties in relation to the general welfare and protection of residents and were competent to deliver care and support to residents. A large number of staff had recently attended training around dementia and the management of related behaviours and psychological symptoms. Records of training in the last year also included dysphagia awareness, palliative care, dementia awareness and communication, and cardio-pulmonary resuscitation (CPR). However, there had been no recent training delivered on hand hygiene and a programme of infection control training had not been delivered since July 2013.

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 as per Schedule 2 of the Regulations. Where volunteers were engaged at the centre appropriate supervision and documentation was in place.

**Judgment:**

Non Compliant - Moderate

***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 a purpose built, single storey premises set back from the main road on well maintained grounds on the outskirts of Bantry town. Ample parking facilities were available to the front of the premises. The centre provided accommodation for up to 50 residents comprising 21 single ensuite rooms and four twin rooms with ensuite facilities. Adequate bathroom and toilet facilities were appropriately located throughout with separate facilities available for staff that included an area for changing and storage. An assisted bath facility was provided. The premises were well maintained with good standards of cleanliness in evidence throughout.

There were several communal areas available to residents including a large open plan sitting area with a sliding divider that could create two separate areas for congregation.

Another communal lounge was equipped to support activities around physical exercise. Residents and visitors had access to a secure, paved, central courtyard with seating and an attractive water feature. The grounds were well maintained. The centre also had a small oratory. A designated room was available to support residents and their families should they need to stay overnight, at times of palliative care, for example. Residents had choice around areas in the centre where they could meet their visitors and a private space for visits could also be made available. Residents' rooms were comfortable and personalised, to varying degrees, with individual belongings and memorabilia. The design and layout of the centre was in keeping with its statement of purpose; 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. The centre was well decorated and homely with pictures, paintings and soft furnishings throughout. Furnishings were in good condition and comfortable. The centre was thoughtfully decorated. Heating, lighting and ventilation was appropriate to the size and layout of the centre. Environmental stimuli to support people with dementia included the provision of a large, colourful, fish tank visible from the day room and a bird cage with small birds that was also located in the communal area.

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. For example, a single colour tone was used predominantly on almost all surfaces in the accommodation area of the centre. Here the use of contrasting colours and visual and tactile stimuli to outline doorways or provide direction would enhance the experience of people with dementia in orientating within that area. Cues such as pictograms were used to good effect in some instances, to identify toilets for example, and their use could also be developed further to promote the independence of residents with dementia.

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 sufficient space and facilities to manage all laundering processes. Residents had access to assistive equipment as required and staff were observed to use appropriate manual handling techniques when lifting and transferring residents. The centre had an adequate stock of equipment such as wheelchairs and hoists to meet the needs of the residents.

**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 report<sup>1</sup>

<b>Centre name:</b>	Deerpark House
<b>Centre ID:</b>	OSV-0004452
<b>Date of inspection:</b>	05/04/2016
<b>Date of response:</b>	10/05/2016

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

Policies that required an updated review in order to comply with regulatory requirements included:

- medication management,
- end of life care,
- nutrition and hydration.

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

**1. 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:**

We will undertake a full review of all policies and procedures in line with the Revised National Standards for Residential Care Settings which come into effect 1st July 2016.

The review of policies on end of life and nutrition/hydration have been completed.

The Medication Management Policy is undergoing a complete review. This will be completed 24th June 2016.

**Proposed Timescale:** 24/06/2016

## 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 and procedure on safeguarding required review to provide directions to staff in keeping with current guidelines; and in relation to the statutory duties of those with responsibility for investigating allegations made against agents other than staff members, such as members of management, other residents, visitors, relatives or friends.

**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:**

National Policy on 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE Dec 2015) is now referenced in all our Elder Abuse documentation and implemented in practice.

**Proposed Timescale:** 04/05/2016

**Theme:**

Safe care and support

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

Refresher training on safeguarding and safety of vulnerable adults was overdue for several members of staff.

**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:**

Refresher Training booked 3rd May 2016. This training was booked and planned at the date of Inspection.

Following Inspection we have now expanded this training schedule to include all staff in May 2016.

Refresher training now changed to full training incorporating Safeguarding Vulnerable Adults Policy document. This will ensure that all Staff are up to date with full training.

**Proposed Timescale:** 27/05/2016

**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:**

Policies identified that required review and update included the centre's policy on communication and the use of CCTV.

**4. 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:**

We will undertake a full review of all policies and procedures in line with the Revised National Standards for Residential Care Settings which come into effect 1st July 2016, to include a full review of CCTV Policy, incorporating repositioning / removing of cameras within the house.

**Proposed Timescale:** 28/06/2016

**Theme:**

Person-centred care and support

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

Appropriate arrangements were not in place to provide residents with access to an



independent advocacy service.

**5. Action Required:**

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

The service is in contact with an independent advocacy service, and their area development officer, to try to resolve this as a matter of urgency. In the meantime our activities personnel facilitate group Advocacy Meetings monthly.

**Proposed Timescale:** 31/07/2016

**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:**

In one instance it was unclear how the complainant's satisfaction with an outcome had been verified.

**6. Action Required:**

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

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

Our complaints investigation process is as follows:

1. Fully investigate the complaint
2. Document & record the investigation and outcome
3. Feedback to the complainant

**Proposed Timescale:** 04/05/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Policies in relation to staffing required review to include guidance and standards around performance management procedures.

**7. 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:**

Review of this policy will be completed by 30th June 2016

**Proposed Timescale:** 30/06/2016

**Theme:**

Workforce

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

Regular training in infection control had not been delivered.

**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:**

At the time of the Inspection it was brought to the attention of the Inspector that Infection Control Training was planned and booked to commence 25th April 2016. This training took place as planned.

**Proposed Timescale:** 04/05/2016

**Theme:**

Workforce

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

The appraisal system was not being implemented in a timely manner and annual reviews were overdue for all staff.

**9. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

All staff appraisals are underway and will be completed by 30th June 2016.

**Proposed Timescale:** 30/06/2016