Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Brooklodge Nursing Home
Centre ID:	OSV-0005164
Centre address:	Ballyglunin, Tuam, Galway.
Telephone number:	093 32 944
Email address:	info@brooklodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brooklodge Nursing Home Limited
Provider Nominee:	Michael Moran
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 June 2016 15:00	20 June 2016 20:00
21 June 2016 10:00	21 June 2016 17:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 09: Statement of Purpose		Compliant

Summary of findings from this inspection

This was an unannounced thematic dementia inspection. As part of the thematic inspection process, providers and persons in charge were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was available on hiqa.ie on best practice in dementia care and the inspection process. This inspection sought to evaluate the quality of live for residents with dementia. The inspector focused on six outcomes that had direct impact on dementia care and followed up on the actions from the previous inspection completed in September 2015. Three actions were contained in the action plan post the last inspection. Two related to medication management and one related to the Statement of Purpose. All three actions were addressed. The person in charge had attended information seminars given by the Health Information and Quality Authority (HIQA) regarding dementia inspections. The centre did not have a dementia specific unit. At the time of this inspection, of the 42 residents accommodated, eighteen had a formal

diagnosis of dementia. No resident was under 65 yrs of age.

The inspector tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the inspectors. The results reflect the effect of the interactions on the majority of residents (This is discussed under the Outcome on Rights, Dignity and Consultation). A mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. It is also used to assess changes in a person who has already been diagnosed with dementia and can help to give an indication of how severe a person's symptoms are and how quickly their dementia is progressing.

At the request of HIQA, the provider had submitted a completed self assessment on dementia care together with relevant policies and procedures. This stated that the centre was compliant with Outcomes relating to Safeguarding and Safety, Residents' Rights, Dignity and Consultation Complaints Management and Suitable Staffing and substantially compliant regarding outcomes on Safe and Suitable Premises and Health and Social Care Needs. Actions to achieve compliance in these areas was to involve care staff more in the care planning process, and to exercise greater use of signage.

Overall, the inspector found the provider and the person in charge were committed to providing a high quality service for residents with dementia. The centre was homely, comfortable and clean. Residents' were enabled to move around as they wished, and residents were encouraged to maintain their interests and independence and could access the garden from the centre independently. This garden had a large gazebo with seating which provided protection from the sun and the rain.Signs, colour and dementia friendly clocks were used in the centre to support residents to be orientated to time and place, These were part of the improvements completed by the provider and person in charge post completion of the self assessment. Residents told the inspector that the 'staff were there when you want them, the food is good and we are well looked after here.

At the feedback meeting at the end of the inspection, the findings were discussed with the person in charge. Matters requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order 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 medication management, assessments and care planning, access to allied health professional and all aspects of healthcare encompassing maintenance of records and policies supporting contemporary evidence based practice. The social care of residents with dementia is reported under Rights Dignity and Consultation.

The inspector followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. Pre admission assessments were completed by the person in charge or her deputy which considered the health and social needs of the potential resident. There was evidence of communication with family members and the referring agency/person. An admission policy was available and the inspector found that this was reflected in practice. On review of residents' care files the inspector found that their hospital discharge documentation was available. However, most files of residents admitted under the 'Fair deal' scheme did not include a copy of the Common Summary Assessments (CSARS). This document details the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment. Residents' had a comprehensive assessment on admission to the centre and care plans were in place to meet most assessed needs. Care plans included a baseline assessment of each resident.

Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. However, some nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include the type and frequency oral nutritional supplements to be administered. Some care plans were not reviewed on a four monthly basis and there was inconsistent evidence of involvement of residents or relatives/significant others in the review of the care plans.

The inspector observed residents having their lunch in the dining room. Adequate staff were available to assist and monitor intake at meal times. Some residents choose to dine in the sitting room. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency

diets/thickened fluids was available to catering and care staff. The inspector met with the chef who displayed a good knowledge of the nutritional needs of residents and described a good communication system between the clinical and catering staff. Residents confirmed that they enjoyed the food. The kitchen was open 24hrs per day and snacks were available. The inspector saw residents being offered drinks throughout the day and residents told the inspector that they could have a drink and/or a snack any time they asked for them.

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist attended the centre one day per week. Residents were facilitated to keep their own General Practitioner on admission to the centre if this was their choice. There was evidence in the medical files of access to the General Practitioner.

There were written policies and procedures in place governing the management of medications in the centre. The inspector observed medication administration practices and was satisfied that they were in compliance with relevant professional guidance. Prescription and administration records contained appropriate identifying information including residents' photographs and were clear and legible.

At the time of the last inspection some medication administration practices were not safe. The inspector found that staff discontinued the use of some medication without suitable guidance and administered crushed medication although it was not prescribed as such. Additionally the inspector found some medication administration charts were not clearly recorded and were difficult to read. These areas had been addressed; any medication discontinued was signed off by the general practitioner. All nurses had undertaken medication management training. Where medication was being crushed this was prescribed as safe to use in this format.

Additionally at the time of the last inspection the inspector found that the process for the recording and disposal of unused and out of date medication was not safe and traceable. This has been addressed. Medications that are out of date or unused are recorded in a triplicate pharmacy returns book and checked by two nurses. The resident's name, medication type, does amount and reason for return are all recorded in the pharmacy return book. Medications are securely stored until they are collected by the designated person from the pharmacy. The pharmacist signs the pharmacy returns book. to say that the medications have been collected and takes a copy of the returns record. The policy on out of date and unused medication has been updated and read by all nurses.

Arrangements were in place to review accidents and incidents. The inspector reviewed a sample of the incident forms and found that not all forms were fully completed. For example, some forms did not detail if a medical practitioner or the next of kin was informed. Residents at risk of falling were assessed using a validated falls assessment tool. Falls prevention care plans were in place. However, falls risk assessments were not consistently reviewed post a fall and falls prevention care plans were not updated to include any further measures that may be necessary to reduce the likelihood of another fall. Evidence was available that post-fall observations including neurological

observations were undertaken to monitor neurological function where a resident was seen to hit their head or had a injury that supported that they hit their head but were not consistently completed for all unwitnessed falls to ensure monitoring for a possible head injury as a result of a fall. Residents who fell were reviewed by the physiotherapist post the fall.

End of life care wishes were not recorded for all residents to ensure that any specific wishes they had were respected and their physical, emotional, social and spiritual needs and preferred pathway at end of life was known and met. Although the end of life assessment was not consistently recorded, the inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Good practice initiatives relating to end of life care had been implemented. The centre were in the process of completing the programme on Growing Excellence in End-of-Life Care. This included workshops for staff on developing a Vision for End-of-Life Care and Facilitating a Compassionate End-of-Life Care (CEOL) Review after Death. The programme consists of three workshops and the centre had undertaken two at the time of inspection. The person in charge stated that the centre received support and advice from the local palliative care team. Other hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert all personnel to show dignity and respect when a resident was at end of life.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. An annual remembrance mass was held each November and bereaved relatives were invited to attend. A specific bag was available and relatives were given time to return to the centre to gather any personal property they wished to obtain. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented. A policy was in place to guide the return of personal belongings.

Systems were in place to prevent unnecessary hospital admissions and a process was in place in relation to transfers and discharge of residents and for hospital admissions. Staff had been trained in sub-cutaneous fluid administration and the centre described good links with the palliative care team. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter. The inspector saw in some files reviewed that residents had on occasions been admitted to the local acute hospital. There was evidence available of communication between the centre and acute care services when a resident was being transferred for care. Residents were usually accompanied by a relative to their out-patient clinic appointments.

Judgment:
Non Compliant - Moderate

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:
Policies and procedures were in place regarding safeguarding vulnerable persons from abuse. All staff had attended updated training on safeguarding vulnerable adults. Staff were knowledgeable about the steps they must take if they witnessed, suspected or were informed of any type of abuse. They confirmed that there were no barriers to raising issues of concern and voiced that the welfare of the resident was paramount. A review of incidents since the previous inspection showed that there were no allegations of abuse had been recorded.

There were policies and practices in place regarding managing responsive and psychological behaviour, and the management of restrictive practices in the service. 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 as independent a life as possible.

The inspector reviewed the use of restraint within the centre. A policy on enabler/restraint use was in place to guide practice. There were risk assessments completed for residents who had bed rails in place. Bedrails were in use that had an enabling function. The rationale for the use of the enabler was documented in a corresponding care plan.

Small amounts of petty cash to pay for example the hairdresser were kept in safe keeping on behalf of some residents. The inspector reviewed this process and found that receipts with staff signatures were available for all monies spent and deposited.

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:
The person in charge outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. The contact information was available to residents/relatives. There was a relaxed atmosphere in the centre with residents stating they had a choice in the way they spent their day and could choose whether to to join in an activity or to spend quiet time in their room. Staff and residents told the inspector that breakfast times were at the residents choosing.

There was a good range of activities available to residents. An activity therapist was on duty to facilitate meaningful activities for residents. All staff were involved in meeting the social needs of residents' and the inspector observed that staff were engaged in a meaningful way with residents. Staff displayed a good knowledge of what activities residents enjoyed. Regular activities included beauty therapy, bingo, prayer sessions and baking. Group and individual Sonas (a therapeutic activity for residents who are cognitively impaired) was available for residents. Many residents also had an opportunity to engage in ‘reminisance therapy’.

The centre had hens, peacocks and alpacas. The centre had recently acquired a dog in consultation with residents. Some residents displayed a great interest in the hens and assisted in the daily collection of the eggs. Residents told the inspector that they enjoyed chatting to other residents and staff and spending time with their visitors. The inspector observed that staff read the newspaper to them and told them what was going on locally. There was a weekly outing to local areas of interest or for coffee and the inspector saw that an extra staff member was rostered to assist the activity therapist with this. Residents told the inspector that they regularly went out on these trips. Many residents stated they enjoyed bingo. The inspector also observed that some residents were spending time in their own rooms and enjoyed reading and watching TV, private praying or relaxing. There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and a separate visitors room was available with tea and coffee making facilities.

The inspector was satisfied that residents were consulted on the organisation of the centre. However the person in charge explained that resident meetings were held approximately every six months as residents preferred method of consultation was in a more informal regular way. Minutes of the last two meetings were reviewed by the inspector. These had occurred in August 2015 and February 2016. Issues discussed included, days out, the food provided, and ‘getting a dog’. Where residents raised any issue there was evidence this was addressed. For example one resident stated she would like chicken curry included on the menu and the inspector checked the menus and noted this was occurring. Also residents were supportive of getting a dog and a dog was now available in the centre. The person in charge stated that she regularly checked with residents as to their views on the service provided and any ideas they had for change. She had recently completed a satisfaction survey but had written up the overall findings. She stated she had gone through the views expressed and they were mainly positive in nature.

A picture version of the activity schedule was available. The inspector met with the activity co-coordinator. She explained the assessments she carried out to ensure that a comprehensive social care history was obtained. An activity attendance record was available for each resident. Social care assessments were completed, however some person calendars were sparsely completed and were not person centred. For example they detailed Christmas day and St Patricks day and little other information to ensure that special dates for residents would be celebrated and acknowledged.

Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated every three weeks in the centre and residents had a link to local daily mass via the radio. There were no restrictions on visitors and residents could meet visitors in private. On the days of inspection visitors were observed spending time with residents in the sitting room. Some residents chose to spend time in their bedrooms watching TV or with visitors or friends according to their own individual preferences.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a high level of positive interactions between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to voice their views and opinions. The inspector observed that staff chatted with residents as they met them throughout the centre checking with them and as they accompanied them to the bathroom or on their way to bingo. There were staff available at all times in the communal areas.

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:
A complaints policy was in place. One complaint was logged since the last inspection. The person in charge explained that informal complaints which were resolved immediately were not recorded. Complaints that could not be resolved locally were escalated up to management. The inspector reviewed the complaints records and details were maintained about each complaint, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. However there was no evidence available that the complaint initiator was informed of the appeals procedure. No resident, staff member or relative spoken with by the the inspector raised any concern with regard to the care or service provided.

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:
Staff had completed all mandatory training. Training undertaken in 2016 included Quality of life for persons with dementia, continence assessment and management, end of life care, wound care dressings and responding to responsive behaviour. An on-going training plan was in place.

On the days of inspection there were 18 residents assessed as maximum dependency, five as having high dependency needs, 13 as medium dependency and five as low dependent. There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents on the day of inspection. An actual and planned staff rota was available but the times that staff worked was not clearly indicated on the roster, for example, LD, CP and no hours of work detailed. The inspector was satisfied that the registered provider had ensured that the designated centre was sufficiently resourced to allow for the effective delivery of care and support to residents. With regard to the direct delivery of care to residents, there were two nurses and seven care staff on duty in the am and two nurse and six care staff in the afternoon/evening and one nurse and three carers from 19:30 hrs to 07:30 am. In addition there was catering, household, administration and activity. The inspector noted that these were the standard staffing levels. This was also confirmed by staff.

A random selection of staff files were checked to verify that all the requirements of Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Minor gaps were found in files reviewed for example one file did not have evidence of the person's identity and while references were available there was no process in place for verification of these. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:
The design and layout of the centre where residents with dementia integrated with other residents met its stated purpose. The environment was calm and relaxed and conducive to the provision of dementia care. There were 42 residents in the centre on the day of inspection residents were observed to be using various communal areas to include the dining, sitting and foyer area for recreational activities. Currently, 17 bedrooms are single and fourteen twin rooms. All have ensuite facilities. The centre was clean and bright and residents were free to walk around the premises and some could go outside independently into a safe secure garden area. Floor coverings were a neutral colour and design throughout and bold patterns were avoided. Signage was available to give cues to residents to direct them towards their bedrooms however bedroom doors were not personalised to make them more easily identifiable to residents with dementia. Toilets and bathrooms had non verbal signage. The centre was decorated and fitted with domestic style furnishings. Easy to read clocks were available.

There was adequate wardrobe space available to residents. The inspector observed that a number of residents had personalised their rooms with personal items including photos. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were available, with records available supporting that they were regularly serviced. Residents spoken with confirmed that they felt comfortable and safe in the centre.

Judgment:
Substantially Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
The current Statement of Purpose was reviewed in October 2015 and complies with Schedule 1 of the Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy of the revised Statement of purpose has been forwarded to HIQA.

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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Brooklodge Nursing Home
Centre ID:	OSV-0005164
Date of inspection:	20/06/2016
Date of response:	28/07/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Falls risk assessments were not consistently reviewed post a fall and falls prevention care plans were not updated to include any further measures that may be necessary to reduce the likelihood of another fall. .

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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

4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
The falls risk assessments will be consistently reviewed post a fall and fall prevention care plans will be updated immediately after a fall to include further measures that may be necessary to reduce the likelihood of a fall.
All falls risk assessments will be reviewed four monthly or sooner if required with consultation with the residents and where appropriate the resident's family.

Proposed Timescale: 27/07/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Neurological observations were not consistently completed for all unwitnessed falls to ensure monitoring for a possible head injury as a result of a fall

2. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Neurological Observations will be taken for all unwitnessed falls or for falls involving a fall involving the head. All nurses have been informed of the policy and have commenced using the neurological observation chart after an unwitnessed fall or a fall involving the head.

Proposed Timescale: 27/07/2016

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:
Some person calendars were sparsely completed and were not person centred to ensure that special dates for residents would be celebrated and acknowledged.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Personal Calendars will be more resident centred and include special dates for residents. This will be done in consultation with the resident or where appropriate the resident's family.

Proposed Timescale: 31/08/2016

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:
There was no evidence available that the complaint initiator was informed of the appeals procedure.

4. Action Required:
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
For future complaints the complaint initiator will be informed of the appeals procedure and this will be documented.

Proposed Timescale: 27/07/2016

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:
Bedroom doors were not personalised to make them more easily identifiable to residents with dementia. .

5. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The bedroom doors will be personalised to make them more easily identifiable to residents with dementia. This will be incorporated in the care planning process in consultation with the resident with dementia or where appropriate the resident's family.

Proposed Timescale: 31/08/2016