

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Unit 1 St Stephen's Hospital
Centre ID:	OSV-0000715
Centre address:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork.
Telephone number:	021 482 1411
Email address:	flo.dupas@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Gretta Crowley
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	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:
19 April 2016 09:00	19 April 2016 18:00
20 April 2016 09:00	20 April 2016 15:30

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. This was the eight inspection undertaken by the Health Information and Quality Authority (HIQA) in Unit 1, St Stephen's Hospital which is a dementia specific unit.

As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and 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 in Ireland.

During this inspection the inspector focused on the care of residents with dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in February 2015 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

At the time of inspection there were 12 residents residing in the centre with a formal diagnosis of dementia. The inspector observed that all of the residents had high or maximum dependency needs and required a high level of assistance and monitoring due to the complexity of their individual needs. The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. Inspectors found that residents appeared to be very well cared and relatives gave positive feedback regarding all aspects of life and care in the centre. Overall, the inspector found the person in charge; Clinical Nurse Manager 2 (CNM2) and the staff team were very committed to providing a quality service for residents with dementia.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector generally concurred with the centers judgments with the exception of the premises which the person in charge assessed as compliant but the inspector found moderate non-compliance as further work is required to create an environment where residents with dementia could flourish. Although progress was made by the provider in implementing the required improvements identified on the inspection in February 2015, some of the findings on premises at that time were again evident on this inspection. These issues are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's 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):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 12 residents in the centre on the day of this inspection all residents had assessed maximum and high dependency needs and all had a formal diagnosis of dementia.

The medical director consultant psychiatrist had responsibility for St Stephen's hospital including Unit 1. The medical team consisted of two consultant psychiatrists; two medical registrars, one senior house doctor and one intern from the general practitioners' (GP) training rotation scheme, which rotated every six months. This team of doctors provided 24 hour medical care and there was evidence that residents had timely medical reviews. Weights and blood pressure were recorded monthly and more often if the clinical condition warranted.

Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to psychology services in house to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which were seen to be followed through by the staff in the centre.

The inspector focused on the experience of residents with dementia in the centre and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, medication and end of life care in relation to other residents.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Relatives confirmed this was the case and there was evidence of sign off on care plans by

families. There was a policy in place for end-of-life care. Spiritual needs were facilitated with Mass held weekly in the centre; other denominations were facilitated upon request. Residents had access to consultant palliative care and the hospice services. Staff had completed professional development regarding end of life care and palliative care. Care practices observed would suggest that residents would be cared for with the utmost respect at end of life.

The inspector saw that residents had a comprehensive assessment completed prior to and on admission. The nursing assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents' families where appropriate participated in care plan reviews. The inspector found that the care plans guided care and were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and the inspector saw family members came in at lunch time to assist residents with eating and drinking and they were complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room was observed by inspector to require improvement to be more of a social occasion. The CNM said they had tried on a number of occasions to set tables more attractively and put condiments and other items on the tables but the current residents did not leave them there but said they would try again. The inspector saw that staff sat with residents while providing encouragement and assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and

following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. On the previous inspection some medications for PRN (as required) administration did not reference maximum dosage over a 24hr period, on this inspection this was seen to be in place. The onsite pharmacist supplying the centre attended regularly, completed medication audits and was involved in staff education. A list of medications which cannot be crushed formed part of their medication management protocol. There was evidence on the medication prescription sheets of regular review of medications by the medical team.

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 inspector was satisfied that there were measures in place to safeguard residents and protect them from abuse. The inspector reviewed staff training records and saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Relatives reported that they felt their residents were very safe in the centre and as they visited on a very regular basis they would notice any changes in their relatives' behaviour.

The centre generally did not maintained day to day expenses for residents, but had just commenced collecting money from relatives for residents hairdressing and this was kept in a locked safe. However monies were stored in envelopes with the name of the resident but there were no signatures for lodgements and withdrawals therefore there was no record of monies lodged or withdrawn when the envelope was disposed of following use. This system was found not to be sufficiently robust to protect residents or staff and the CNM2 said she would implement a more robust system. Residents maintenance contribution was paid directly to the finance office usually by direct debit however although all records appeared transparent no invoices were issued to residents or relatives demonstrating fees paid and any outstanding balances on their accounts. Contracts of care which detailed fees to be paid had recently been altered to reflect the extra payment for hairdresser the inspector found that a number of these had not been signed or dated.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that most staff had received training in professional management of aggression and violence (PMAV) however there were three staff that had not had this training and required same. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. Residents were regularly reviewed by the psychiatrist and the support of the psychology service was availed of as appropriate to residents needs. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There were seven residents using bedrails at the time of the inspection. The inspector observed that bedrails and their use followed an appropriate assessment. The inspector noted that signed information sheets in relation to the use of restraint were obtained from relatives and co-signed by the CNM 2 and medical doctor. Review of use of restraints was on-going. Regular checks of all residents were being completed and documented.

Judgment:

Substantially 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:

Residents' religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. The current residents increased dependency and cognitive impairment made it difficult for them to exercise their political rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room.

The inspector noted that residents received care in a dignified way that respected them individually. The centre operated an open visiting policy which was observed throughout the inspection. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Relatives who spoke to the inspector commended staff on how welcoming they were to all visitors and they regularly had tea/coffee with their relative during their visits

They said that if they any concerns they could identify them to the CNM2 and were assured they would be resolved. There was a visitors' room and a visitors' kitchen that could be used at anytime but was generally used at end of life as visitors tending to visit in the lounge or bedrooms.

Minutes of advocacy meetings held quarterly and demonstrated that relatives attended these meetings. The CNM 2 relayed information to relatives about many topics including inspections, care planning, flu vaccinations, life story books and residents' clothing.

Respect for privacy and dignity was evidenced throughout both days of inspection. Screening was provided in multi-occupancy bedrooms to protect the residents' privacy. However in the single bedroom there was a glass panel in the bedroom door that did not have blind/curtaining therefore if the resident was changing in the room their privacy was not protected. Staff were observed communicating appropriated with residents who had dementia. Effective communication techniques were documented and evidenced in residents care plans. The CNM2 and the person in charge said they were going to look at other methods of communication such as picture enhanced communication tools but this had not been commenced to date. The menu was also written and a picture enhanced menu would assist residents in choice of their meals. There was no assistive technology also in use in the centre to aid communication.

Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited as required and residents were facilitated to avail of the service.

There was a reasonably varied programme of activities available to residents which included sonas, imagination gym, music, sing-songs, chair based exercise, religious activities and other more individualised activities. Staff had completed training in hand massage and this was particularly beneficial for residents who were confined to their beds. Staff members with families had completed the 'Life Story' as part of their reminiscence therapy. The occupational therapy co-ordinator completed an activities record detailing the residents' involvement in the activity. They also did music by the bedside where they played music in each bedroom as well as in the day room to ensure all residents had access to activities. Relatives spoken with gave positive feedback on the activities and often joined in with the groups. The person in charge and CNM2 told the inspector that it is the role of all staff to provide social stimulation for residents and staff were facilitated to attend various activities training to enable them to fulfil the role. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions after lunch and in the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. The inspector noted that the staff tried to create an

atmosphere of relaxation by playing background music appropriate to the age and era of residents.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

On the previous inspection although the complaints procedure was displayed prominently at main reception, it was not in an accessible format for residents and relatives as it did not clearly outline the procedure to follow. The complaints policy contained most of the details listed in the Regulations however it did not identify the 'nominated person other than the person nominated in Regulation 34 (1)'.

On this inspection the inspectors found the complaints process now outlined the procedure to follow and met the requirements of legislation. The complaints process was in place to ensure the complaints of residents, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints policy was prominently displayed, relatives all said that they had easy access to the CNM2 who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with.

The complaints log was reviewed and complaints were recorded in line with the Regulations, including the outcome of whether the complainant was satisfied with the outcome. The CNM 2 monitored complaints and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Residents spoke very positively of staff and indicated that staff were caring, responsive to the residents' needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

The staff numbers and skill mix throughout the day was adequate to meet the needs of residents and hygiene of the centre cognisant of the size and layout of the centre. Multi-task attendants were responsible for the kitchen. Cleaning duties were the responsibility of contract cleaners with supervision by their contract supervisor. The role of care assistants had been well established in the centre since the last inspection with one care assistant on duty every day with three nursing staff. Staff gave positive feedback regarding the addition of the role of care assistant to the skill mix.

A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken on an annual basis and there was evidence of a comprehensive induction programme for new staff.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the CNM2 and person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and were seen to engage easily with them throughout the inspection.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. As discussed under outcome two there were three staff that required professional management of aggression and violence (PMAV) training all other staff had completed same. Other training provided included food safety, hand hygiene, infection prevention and control, falls prevention, restraint, dementia specific training, end of life, continence promotion, food and nutrition, hydration and the management of dysphagia. A number of staff had undertaken activity training including sonus and imagination gym. The inspector saw that other formal training courses, including dementia specific conferences and master classes had been booked and were scheduled for the coming months. Staff confirmed that there was a high level of training made available to them. The person in charge organised the training for the hospital and also provided training to staff on various areas such as safeguarding and lifesaving techniques. She told inspectors she was planning on-site training on person-centeredness in dementia which also including responsive behaviours.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

Unit 1 is situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. St Stephen's Hospital was predominantly a mental health facility with a dementia specific unit. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. There are extensive walk-ways as well as a pitch and putt club within the campus and there is ample parking for visitors and staff.

Unit 1 is a single storey detached building which can accommodate 21 residents. Services provided includes 24 hour nursing care for long-stay, respite, and palliative care to older people with a diagnosis of dementia. There were 12 residents living there at the time of inspection, all with a diagnosis of Dementia. Residents' accommodation comprised of one single room, four four-bedded, one five-bedded room and one six-bedded room. Multi-occupancy bedrooms presented significant constraints in meeting residents' individual and collective needs mindful of privacy and dignity. Previously, all bed rooms accommodated six beds, and four of these were reduced down to four-bedded rooms and screening altered to same. Correspondence sent to HIQA confirmed that no more than four residents would be admitted to any bedroom, However, the extra space on the five and six bedded rooms had not been fully reallocated between the bed areas to afford residents the extra space to accommodate their wardrobes or bedside chairs. This was highlighted in previous inspection reports. Although larger wardrobes with bedside lockers attached were procured for residents there was a lack of personalisation of bed spaces and a general lack of homely soft furnishings and décor. This is particularly relevant for residents with dementia to assist them to recognise their own bed space.

Communal space included a dining room and sitting room. There was a seating area inside the main entrance to Unit 1. There was a visitors' room for families to visit in private and an over-night guest room with kitchenette facilities. There were five toilets, one of which was an assisted toilet and there were two assisted shower facilities, Residents had access to an enclosed garden with walkway and garden furniture with panoramic views of the valley and countryside. On the previous inspection part of the pathway had briars invading the area and some glass panes in the partitioning were broken. On this inspection this was seen to be rectified.

Staff facilities included staff changing room with lockers and staff room with kitchenette facilities. There was a large canteen within the hospital grounds which all staff could

avail.

There were hand-washing facilities available in each bedroom and clinical rooms and hand gel dispensers for staff and visitors to the centre. Infection prevention and control guidelines were in place. The sluice room was upgraded on a previous inspection and was secure, clean and tidy.

There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses and these were up to date.

Although the premises was bright and airy, there were a number of issues identified with the premises which were found not to meet the needs of the residents.

The current configuration of the multi-occupancy bedrooms does not ensure that each resident may undertake personal activities in private.

Further consideration of the colours, signage, decoration and soft furnishings is required to ensure a more homely environment is provided to meet the needs of residents with dementia to enable them to flourish.

Judgment:

Non Compliant - Moderate

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:

Caroline Connelly
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:	Unit 1 St Stephen's Hospital
Centre ID:	OSV-0000715
Date of inspection:	19/04/2016
Date of response:	01/06/2016

Requirements

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

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

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Three staff had not received up to date training in the management of behaviours that challenge.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

A date has been arranged for the three remaining staff to have training in behaviours that challenges.

Proposed Timescale: 14/06/2016

Theme:

Safe care and support

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

Records in relation to residents finances were found not to be sufficiently robust.

2. 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:

A ledger is now in place in Unit 1 with space for relatives and staff to sign for hair dressing services. A receipt for any moneys handled is given to residents family and a copy is sent to administration.

Administration will commence a system whereby an invoice is sent to family on payment of monthly bill. This invoice system will commence the first week of June 2016.

A file will be kept with administration for each resident with any invoices and hairdressers receipts. The files should be completed before the end of June 2016.

Proposed Timescale: 30/06/2016

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:

There was no privacy screen on the window on the door of the single bedroom to ensure the privacy of the resident residing there is protected.

3. 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:

Privacy screen will be fitted by 30th June 2016.

Proposed Timescale: 30/06/2016

Theme:

Person-centred care and support

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

There were no communication tools or assistive technology in use in the centre to enhance communication with the residents

4. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

Pictures have been downloaded and laminated and are presently in use in Unit 1. Quotes from appropriate companies to provide communication mats are being sought and their use will then be commenced in the Unit.

Proposed Timescale: 31/07/2016

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:

Although the premises was bright and airy, there were a number of issues identified with the premises which were found not to meet the needs of the residents.

The current configuration of the multi-occupancy bedrooms does not ensure that each resident may undertake personal activities in private.

Further consideration of the colours, signage, decoration and soft furnishings is required to ensure a more homely environment is provided to meet the needs of residents with dementia to enable them to flourish.

5. 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:

Multi-occupancy rooms which previously accommodated 6 residents have been reduced to 4. This reduction was enabled by the reduction of the total number of residents

accommodated on the Unit from 23 to 21.
Statement of Purpose and Resident`s handbook will be up-dated to reflect this change.
Signage will be up-dated accordingly.
Quotations are presently being sought for Unit 1 to be repainted to incorporate bright colours throughout the unit. The long corridor will be divided by a seating area .
The front reception area will be made to have a more homely look with blinds on windows and new curtains.
The main room used by residents will be redecorated to give a more homely look.

Proposed Timescale: 31/08/2016