

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Leopardstown Park Hospital
<b>Centre ID:</b>	OSV-0000667
<b>Centre address:</b>	Foxrock, Dublin 18.
<b>Telephone number:</b>	01 295 5055
<b>Email address:</b>	info@lph.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Leopardstown Park Hospital
<b>Provider Nominee:</b>	Ann Marie O'Grady
<b>Lead inspector:</b>	Angela Ring
<b>Support inspector(s):</b>	Susan Cliffe
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	149
<b>Number of vacancies on the date of inspection:</b>	10

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 September 2017 14:30 To: 04 September 2017 18:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate

**Summary of findings from this inspection**

This was the eighth inspection of this centre that has identified an unacceptable level of regulatory non-compliance. In particular each report has identified a failure on the part of the registered provider to address significant deficits in the physical environment for the purpose of improving the privacy and dignity of residents and their quality of life. In 2015 following a prolonged period of engagement the registered provider gave a written undertaking to the Office of the Chief Inspector to implement a plan to address the identified regulatory non-compliances by October 2017 however these plans were not progressed and implemented. In August 2017 the Registered Provider confirmed that they would not be implementing the plans previously committed to.

Following an inspection of the centre in March 2017 the Office of the Chief Inspector proposed to stop admissions to four units of the designated centre (Kilgobbin, Kiltiernan, Tibbradden and Enniskerry) until the high level of regulatory non-compliances were addressed. In response the Registered Provider made representation to the Office of the Chief Inspector setting out improvements that had been made to the service. The purpose of this inspection was to review the action taken by the Registered Provider and to consider whether sufficient improvements in regulatory compliance had been achieved.

This inspection focused on the changes made to the four large multi occupancy open plan wards as advised in the providers response to the last inspection in July 2017.

These included the wards not being maintained to a good standard of cleanliness and repair which posed a risk to infection control. The layouts of some wards were still not conducive to residents making individual choices on how they wished to spend their day. They did not allow for some residents to have adequate space for their belongings, to receive care in private, to meet visitors and to undertake personal activities in private.

The inspection confirmed that the registered provider had made some improvements in the four areas of concern. Residents had increased access to activities with a staff member assigned to provide meaningful engagement on each unit and there was documentary evidence to support this. The communal areas had been de-cluttered and there was more space available for dining and activities. Nursing stations had been redesigned and reduced in size to prioritise living space for the residents in each area. A small number of beds had been removed from each area to increase the space available to individual residents.

However the inspectors were not satisfied that the registered provider had ensured that the additional space produced by the reconfiguration and decluttering of the areas was used to the benefit of those residents living in these areas. For instance curtain rails from the beds that had been removed remained in place and residents did not have access to increased storage of personal belongings. Feedback from some residents with increased bed space was positive and they told inspectors they really enjoyed the increased space, while other residents and relatives remained dissatisfied about the lack of personal space, noise and foul smells that resulted in sharing a room with large numbers of people.

The Registered Provider had failed to address the issues identified in relation to the cleaning and upkeep of the four areas reviewed. Inspectors found that the bed spaces, toilet and shower facilities were unclean and unhygienic.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

As identified at the previous inspection in July 2017, there was a clearly defined management structure in place; however there was a lack of a cohesive approach to the management of the designated centre as evidenced by the slow progress in addressing the serious regulatory non-compliances identified.

Inspectors found that there continued to be ineffective systems in place for the supervision and oversight of staff to ensure that the centre was clean. For example, inspectors found that there were bed spaces, floors, electric mattress units, toilets, commodes, presses and rusted tables. In addition Inspectors found dust and debris on shelves, windowsills and floors in some units. This was despite the provider providing assurance that the centre would be deep cleaned following the findings of the last inspection in July 2017.

In addition, inspectors once again found that the Registered Provider had failed to ensure the general upkeep, maintenance and repair of the designated centre. Issues such as exposed plaster on walls chipped and damaged paintwork and wood work and unrepaired water damage to woodwork around sinks had also not been addressed since the last inspection. The Registered Provider has also given assurances that this would be addressed following the July inspection. Staff informed the inspectors that plans were in place to paint the units and colours had been chosen however the work had yet to commence.

Inspectors also found the provider had failed to ensure that the service provided was appropriate for the needs of some residents in the large multi occupancy wards as the lack of space and storage facilities could contribute to unsafe practices and compromised residents' privacy and dignity. These are discussed further in Outcome 12 and 16.

**Judgment:**  
Non Compliant - Major

***Outcome 12: Safe and Suitable Premises***  
***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The physical environment continues to fail to adequately meet some residents' needs and the requirements of the Regulations. The layout and design of these large open plan rooms were still not conducive to providing a home like environment and were more institutionalized in nature. However, inspectors found that the layout and design of the dementia specific unit Kiltiernan was clean, conducive to a dementia friendly environment with seating areas, tactile and visual stimuli and good signage.

During this inspection, inspectors again focused on the four large nightingale wards where approximately 14-15 residents live together in one large room. Some improvements had been made to the layout of the wards which allowed for increased bed space being available for some residents. Very positive feedback was received from some residents who had benefited, however these were in the minority.

Inspectors found that the new available space was not maximised for the residents benefit in all cases. For example, the rails and curtains for most of the beds that had been removed were still in place which did not allow for an increased sense of space. Also the additional space had not been furnished or decorated to benefit the residents and potentially improve their quality of life. In addition, several beds continued to be in close proximity and faced one another. The layout of some beds also resulted in residents being visible to all persons entering the ward which significantly impacted on their right to privacy and dignity.

When personal and intimate care was carried out at residents' bedsides, there was still only a screen dividing the beds which did not block out noise or odours. The proximity of some beds to one another resulted in a risk of infection control and cross contamination. There was also insufficient room to receive visitors and for some residents to sit out by their beds at the same time.

Inspectors found a lack of leadership and accountability in ensuring that residents lived in a clean and hygienic environment.

For example inspectors found that there were still foul odours coming from toilet and shower facilities with senior staff unaware of the existence, location and operation of fans. The standard of cleaning of the facilities in three of the four areas inspected was unacceptable with organic matter noted on multiple surfaces. Inspectors found lack of awareness of the poor cleaning standards among managers and widespread acceptance of odours from all staff with no plan in place to address the cleaning deficits, or to investigate the cause of the and ensure the eradication of such odours.

In addition inspectors found crumbs and debris on shelves in a press in a day room, staff food was found in a press used for clinical stores , dirty cotton swabs used to remove nail polish was found in a box of "activity equipment" and a half eaten staff meal with used cutlery was found in a fridge provided for nutritional drinks.

Some improvements had been made to declutter and to reduce the amount of equipment in stored in day rooms and residents' communal areas since the last inspection. However, bathroom areas continued to be used as equipment storage areas with some showers completely dedicated to the storage of equipment. This is unacceptable in an area that has an insufficient number of wheelchair accessible showers having regard for the dependency of the persons living there. The use of these rooms to store equipment was not conducive to a residential style setting and caused potential falls risk. In addition, inspectors found there was still no system for oversight of storage, for example, staff food was found with clinical stores.

There continued to be an insufficient number of wheelchair accessible showers having regard for the dependency of the persons in the designated centre. As found on the previous inspection, the communal day rooms and outdoor spaces were not seen to be fully used by staff to provide improved quality of life and a change of environment for residents. For example, the door was locked to a nicely furnished garden area preventing residents from freely using this space.

**Judgment:**  
Non Compliant - Major

***Outcome 13: Complaints procedures***  
***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**  
Person-centred care and support

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

**Findings:**

Inspectors did not fully review complaints as part of this inspection, however they found that the provider failed to respond appropriately to an ongoing concern from a resident's relative using the centre's complaints procedure and policy.

**Judgment:**

Non Compliant - Moderate

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

This unannounced inspection took place in the early afternoon, several residents were seen to be in bed while other residents were at their bedside. A small number were engaged in person centred activities with staff members. Staff explained that one care assistant was allocated each day to ensure that residents had an opportunity for meaningful engagement which was an improvement since the last inspection and there was documentary evidence to support this.

Some institutionalized practices continued since the last inspection, no improvements or changes had been made to block out day light to allow for residents to sleep late if they so wished. The layout of the wards continued to result in all conversations being overheard however improvements had been made to prevent staff handover reports from disturbing residents. The noise level was particularly relevant for residents with responsive behaviours and abnormal vocalisations which disturbed other residents particularly at night and this was reported by residents themselves.

As identified in previous reports, the layout of the large open plan units did not fully promote residents rights to privacy and to undertake personal activities in private. For end of life care, there were only two to three single rooms in the four units inspected, therefore residents' preferences for a single room at end of life care could not always be facilitated.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions***

***Adequate space is provided for residents' personal possessions. Residents can***



***appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Inspectors found that as some beds were still very close together, there was limited space for some residents to personalise the small space around their beds as they only had one small locker and a wardrobe to store personal belongings and display personal items.

Residents clothing was not managed to the required standard. By way of example clean and dirty clothing was found jumbled together on the floor of some wardrobes. In others clean clothing had not been hung up and instead were found to be placed on the floor of the wardrobe even when there was space and hangers available.

However, there was evidence that increased space had been provided for a small number of residents which improved their ability to personalise their space and store belongings since the last inspection.

**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:***

Angela Ring  
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>	Leopardstown Park Hospital
<b>Centre ID:</b>	OSV-0000667
<b>Date of inspection:</b>	04/09/2017
<b>Date of response:</b>	20/10/2017

### 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: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The provider had failed to ensure that the service provided was appropriate for the needs of some residents in the large multi occupancy wards as the lack of space and storage facilities could contribute to unsafe practices and compromised residents' privacy and dignity.

#### **1. Action Required:**

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The provider has a comprehensive governance system in place. The Provider (Board) meets approximately 9 times annually and more frequently as required. There is a broad spectrum of skill sets on the Board aligned with key governance areas, which includes clinical expertise. The Board is attended by the CEO (provider nominee) and, as required, key senior staff attend and report in relation to areas under their brief. There is an established Board Committee (Integrated Quality & Safety Committee (IQS)) that is tasked to consider all elements of quality, safety and risk in greater detail and HIQA inspection reports are considered and discussed comprehensively in this forum, along with other external reports and internal reports and activity. HIQA notifications are reviewed at each meeting. The Committee is chaired by an independent Chairperson who has previously been a Person in Charge in a large residential centre for older persons. In addition there is one Board member and an independent risk advisor who, along with members of the senior management team and key managers, consider quality, safety and risk matters in detail at this meeting. There are a number of subcommittees of IQS that report routinely to the IQS which include Falls Committee, Medication and Therapeutics Committee, Health & Safety Committee, Infection Control Committee, Catering & Nutrition Committee, along with regular reports into all incidents (not just notifiable) and ad hoc reports as required. This committee meets quarterly and more frequently as required. A composite report detailing the activity of the IQS Committee is provided to the Board for their consideration and information after each IQS meeting. This gives a detailed overview of the relevant IQS meeting to all Board members. In addition the Audit Committee of the Board, which consists of an external chairperson, 2 Board members and 2 independent members (one with a clinical background) are provided with the composite report in their oversight role. This governance structure provides clear reporting to the Board and ensures accountability of managers in the execution of their roles. The Board have been very active and engaged in relation to looking to achieve improvements in infrastructure on a sustainable basis and the provision of interim improvements while moving towards final definitive solution. Two members on the Board have been part of the strategic group developing a Protective Development Control Plan in collaboration with key stakeholders including the HSE) to ensure an ordered development of the site with the primary focus on the development of a new centre that fully meets all infrastructural standards.

In practical terms at this time significant improvements have been made in relation to space for existing residents. The bed numbers in the 4 nightingale units have been reduced by a total of 16 beds (Kiltiernan reduced by 3, Kilgobbin & Enniskerry reduced by 4 and Tibbradden reduced by 5). Numbers differ due to the differing original configuration of the units. This has allowed for creation of additional space and the space gained has been refocused to create restful areas for residents/visitors and also has allowed, where the resident so wishes, for additional wardrobe space to be provided. Clothing not in current use, e.g. out of season is stored within the unit and can be accessed readily on request by resident. This is overseen by the clinical nurse manager in conjunction with the nursing and care team.

There is a requirement to amend the configuration of the curtain rails to meet the new bed configuration. In September the Hospital met with the curtain rail company representative and carried out a full review of the configuration of all curtain rails across the full nightingale units. An agreement was finalised in relation to the required new configuration. On the 18th October 2017, the work to reconfigure these rails commenced. In addition, in September, an assessment of the requirement (and measurement) for blackout blinds (66 in totals) was made and installation of same commenced on 18th October also.

**Proposed Timescale:** 30/11/2017

**Theme:**

Governance, Leadership and Management

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

There was a lack of a cohesive management team who worked together to address the identified deficits. Inspectors found that there continued to be inadequate resources and an effective system in place for the supervision and oversight of staff to ensure that the centre was clean and well maintained.

**2. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A deep clean has been carried out on the units and the cleaning supervisor has been assigned on a full time basis to cleaning supervision, with other duties being reassigned. In addition an external consultant has been brought in to provide external assurance, intensive training and education of the cleaners, and training, education, monitoring and mentoring of the existing cleaning supervisor. The PIC is receiving audit feedback and relevant departments are being provided with feedback to ensure that this is a current and ongoing priority and focus. A special meeting with CNMs and cleaning supervisor has taken place to discuss the report issued and the feedback from most recent inspection. The IQS Committee reviews all audit reports from the organisation and follows up on same.

Painting has commenced in the nightingale wards with input of residents into colour choices. This will be completed over the next number of weeks, working on units sequentially. Personalising and adding additional homely touches will be applied subsequent to the completion of the painting. Areas under sinks which are water damaged are now covered in an appropriate material, this work has been completed. The use of the ticket system for reporting of maintenance issues has been reinforced and a significant increase in reporting has occurred allowing maintenance department to action as appropriate. A very high number of maintenance issues have been logged and addressed following the reinforcement of the process.

Proposed Timescale: November 30th 2017 and ongoing

**Proposed Timescale: 30/11/2017**

## **Outcome 12: Safe and Suitable Premises**

### **Theme:**

Effective care and support

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

The four wards were institutional in nature with 13-14 residents sharing a room, the deficits in the wards included:

- inadequate storage for some residents' personal possessions
- insufficient space around some beds to ensure privacy and dignity
- insufficient room to receive visitors or for some residents to sit out by their beds at the same time
- an infection control risk as beds were in close proximity
- no means of maintaining a private space for each resident to block out noise and malodours
- limited space for some residents to personalise the small space around their beds
- inadequate quiet/private space for residents to meet visitors
- insufficient number of wheelchair accessible showers having regard for the dependency of the persons in the designated centre
- no means of blocking out the early morning daylight to allow residents to continue sleeping if they wished.

### **3. 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:**

The reduction and reorientation of bed spaces across each unit has resulted increased space for individual residents. Nurse's stations, which were large in scale, and taking up significant space within the units and creating potential physical barriers to engagement with residents have been removed and replaced by a small desk and chair, thereby facilitating increased engagement and connection with residents and their families and more space overall in the units for residents and families.

The bed numbers in the 4 nightingale units have been reduced by a total of 16 beds (Kiltiernan reduced by 3, Kilgobbin & Enniskerry reduced by 4 and Tibbradden reduced by 5) Numbers differ due to the differing original configuration of the units. This has allowed for creation of additional space and the space gained has been refocussed to create restful areas for residents and visitors. This has also allowed for creation of additional space which where the resident so wished, for additional wardrobe space to be provided. Clothing not in current use, e.g. out of season is stored within the unit and

can be accessed readily on request by resident. With the future reconfiguration of the curtain rails this will give further enhanced space. Day areas have been enhanced and spaces external to the unit highlighted to allow residents and visitors to have alternative spaces external to the unit to meet visitors should they so wish.

While we recognise that there is a potential risk of infection within open units, this is an area of very high vigilance and focus. We have a dedicated infection control nurse manager and two link infection control nurses. Close liaison takes place with the Health Protection Surveillance Centre as necessary, particularly during community based infection outbreaks and we follow all guidance's provided. There is an infection prevention & control (IPC) subcommittee of the Board's Integrated Quality and Safety Committee which oversees the infection prevention aspects. There have been to date in 2017 no incidence of infection outbreak within any of the hospital's units. The increase in space created by the bed reduction will provide further protection. We utilise the Novaerus air filtration system in all of our units which targets any airborne pathogens and also this assists significantly in mitigating the impact of odours.

While personalisation has been occurring – further work on this is underway in consultation with resident and families and once the painting has been completed these will be finalised. Increased space due to bed reduction and curtain rail reconfiguration will enhance this.

In order to release the existing wheelchair accessible showers for easier access, some offices have already been retasked as storage areas. Other options are currently being explored. Each unit has two further showers which are utilised and able to fully meet the hygiene and personal preference requirements of the residents. All residents have their hygiene needs addressed on a daily basis and as required.

In September 2017 an assessment of the requirement (and measurement) for blackout blinds (66 in total) was made and the installation commenced on 18th October 2017.

**Proposed Timescale: 30/11/2017**

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The provider failed to respond appropriately to an ongoing concern from a resident's relative using the centre's complaints procedure and policy.

**4. Action Required:**

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

There was follow up with the complainant who raised issues with the Authority on the recent inspection. Following this engagement the complainant was satisfied with the response and subsequently due to reconfiguration within the unit has allowed further

enhancements of the resident's arrangements which the resident themselves has confirmed their satisfaction. There has been ongoing and significant engagement with this complainant over a significant period of time relating to complaints raised using the complaints policy and addressing aspects at local level. The complainant had previously indicated in writing their satisfaction with the handling of a previous complaint. The unit staff will continue to engage with the resident and their family member and address issues as they arise in line with the centre's complaints policy, along with other residents and family. Feedback was given to night staff who engaged with the complainant on the night before the inspection in relation to communication and referral onwards if they were unable to resolve the issue at the time in line with the centre's complaints policy.

Proposed Timescale: Complete

**Proposed Timescale:**

### **Outcome 16: 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:**

The layout and design of the unit prevented residents from deciding how they wished to spend their day.

**5. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

In September 2017 an assessment of the requirement (and measurement) for blackout blinds (66 in total) was made and the installation commenced on 18th October 2017. This will allow residents not to be disturbed in the morning due to early sunrise. There has already been positive feedback from residents in the first unit where these have been installed.

We have removed the large nurse's stations and replaced with simple desk and chair. Nursing handover conversations are now carried out away from the bed space areas enhancing ability for residents to sleep on without disturbance. We continue to identify facilitate those who are "early risers" and those who prefer a more leisurely start to the day

Proposed Timescale: 30th November 2017 & ongoing

**Proposed Timescale: 30/11/2017**

**Theme:**

Person-centred care and support

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

The design and layout of the wards did not ensure that some residents could undertake personal activities in private.

**6. 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:**

Since last inspection there have been further reductions in bed numbers and the resultant reconfiguration of bed spaces has facilitating increased opportunities to carry out personal activities in private. Once curtain rail reconfiguration is complete there will be further space around bed to facilitate this further. Dining areas have been reconfigured to provide an identified sitting area away from bed area should residents wish to avail of this. It provides excellent views of the beautiful grounds of the grounds. External spaces outside of the units are fully accessible to residents and their families. This includes internal gardens, library, 25 acres of grounds with wheelchair accessible external paths, chapel and coffee dock.

We have removed the large nurse's stations and replace with simple desk and chair. Nursing handover conversations are now carried out away from the bed space areas enhancing ability for residents to sleep on without disturbance. We continue to identify facilitate those who are "early risers" and those who prefer a more leisurely start to the day

We continue to facilitate, where practicable, residents' preferences for end of life care. Highlighted by our CEOL (Care at End of Life group) the importance of availability of a single room at this time where reasonably practicable and staff make every effort to facilitate this.

Proposed Timescale: November 30th 2017 and ongoing

**Proposed Timescale: 30/11/2017**

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

The lack of available storage resulted in some residents not having adequate access and control over their possessions.

**7. Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.



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

With the reduction in number of beds and the resultant reconfiguration of bed spaces, this has also allowed for creation of additional space which where the resident so wished, for additional wardrobe space to be provided. Clothing not in current use and not immediately required by the resident, e.g. out of season, is stored within the unit and can be accessed readily on request by resident. Personalisation of the resident's space around the bed has been enhanced and once the painting has been completed and the curtain rails have been reconfigured the personalisation will be further able to be enhanced, supported by staff and in consultation with resident and families.

Proposed Timescale: 30th November 2017 and ongoing

**Proposed Timescale:** 30/11/2017

**Theme:**

Person-centred care and support

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

The provider failed to ensure there was adequate space for some residents to store and maintain his or her clothes and other personal possessions.

**8. Action Required:**

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

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

With the reduction in number of beds and the resultant reconfiguration of bed spaces, this has also allowed for creation of additional space which where the resident so wished, for additional wardrobe space to be provided. This is kept under ongoing review depending on resident's wishes and requirements. Onsite laundry provides laundry service for resident's personal clothing.

Proposed Timescale: Complete

**Proposed Timescale:**