

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Millhouse Care Centre
<b>Centre ID:</b>	OSV-0000252
<b>Centre address:</b>	Newtown Commons, New Ross, Wexford.
<b>Telephone number:</b>	051 447 200
<b>Email address:</b>	accounts@millhouscarecentre.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Clearwood Property Management In Receivership
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	7

## 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 monitor ongoing regulatory compliance. 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 10:00 To: 04 September 2017 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The purpose of this inspection was to follow up on the actions required from the previous inspection which took place on 10 and 11 July 2017.

The inspector also met with the new person in charge who, although on annual leave, attended the centre when informed of the inspection.

The inspector found that three of the seven actions required had not been completed and three had been partially completed within the agreed timescale. The inspector did note that a management meeting was recently held to review progress on the actions required and implement an improvement plan. The timescale for the actions to the premises had not yet elapsed.

Improvements were noted in the care planning documentation but some actions from the previous inspection had not been addressed within the agreed timeframe.

Some actions required from previous inspections around the use of restraint had not been addressed although some improvement was noted. The care plans reviewed now outlined how often safety checks should be completed when bedrails were in use. However there was still limited documented evidence that these safety checks were being completed in line with national guidelines.

Although the recording and review of weight records had improved, gaps were noted in the records of residents' food intake and it was unclear in others exactly what had been eaten by the resident.

Additional action was required to ensure that all residents had opportunities to participate in meaningful activities in line with their capabilities, interests and preferences and that residents received care in a dignified way.

Two of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations and this had also been identified as an area for improvement at the last inspection.

Plans were in place to further improve the premises and management spoken with confirmed that these would be completed within the agreed timescale.

These are discussed further in the report and included in the action plan at the end

**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 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**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:**

This outcome was not fully inspected at this time. Action required relating to staff files, discussed under Outcome 18, is included here.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. This action was also noted at the previous two inspections. The inspector saw that efforts were underway to address this but it was not completed within the agreed timescale.

**Judgment:**

Substantially Compliant

*Outcome 07: Safeguarding and Safety  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector found that while some improvement had taken place, some actions required from previous inspections around the use of restraint had not been addressed.

The inspector reviewed the care plans of residents who were using bedrails and lap belts and found that details of the use and type of restraint were included. The care plans reviewed now outlined how often safety checks should be completed when bedrails were in use, an action required from the previous inspection. However there was still limited documented evidence that these safety checks were being completed in line with national guidelines. A detailed policy was in place but was not implemented by staff.

It is acknowledged that overall usage of restraint was low and additional equipment such as low beds had been purchased to reduce the need.

There were policies in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use. The inspector saw that additional support and advice were available to staff from the psychiatric services.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

When required by residents, the centre acted as their pension agent. Currently this was for seven residents. The inspector saw that the pensions were lodged into an account separate to the business accounts and managed in line with the relevant guidelines.

**Judgment:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**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 inspector found that improvement was required to ensure that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing and allied health care. Some actions relating to care planning documentation from the previous inspection had not been addressed within the agreed timeframe.

The inspector reviewed some wound management care plans and documentation. In one case there was no care plan in place to guide management of the wound. Assessment charts had been completed.

Other gaps were also noted. Detailed care plans were in place regarding pressure area care. This included an instruction that two hourly turns were to be completed for some residents when in bed. However there was very limited evidence that this took place and the records were only completed on an ad hoc basis.

The inspector reviewed the management of clinical issues such as diabetic care and found that improvements had occurred. Care plans were in place and detailed the care to be provided including timing and frequency of blood sugar recordings. The inspector saw that the blood sugar levels were accurately recorded.

Weight management is discussed in more detail under outcome 15.

Residents continued to have access to general practitioner (GP) services and out-of-hours medical cover was provided. As described at previous inspections, a full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, occupational therapy (OT) and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

**Judgment:**

Non Compliant - Moderate

***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 centre is a purpose-built two-storey centre, with a memory unit on the second floor. Some improvement was required to ensure that the premises were made more suitable for residents.

As described at the previous inspection, there are 54 single bedrooms with full en suite toilet and shower facilities and four twin bedrooms with similar en suite facilities. In addition to this there are a number of toilets located throughout the building.

The centre contains a number of dining rooms and day areas. An oratory, visitors' room and a library are also located in the building. Kitchen and laundry facilities are located on the ground floor. The front foyer was popular with residents and visitors.

The centre is largely decorated in a homely and comfortable fashion. Large paintings and smaller pictures are displayed at various areas throughout the building, as are artworks created by residents and photos of recent activities and events.

Some rooms were nicely personalised with photographs and plants. While a small number of bedroom doors displayed signage personalised to the residents, improvement was needed to ensure that residents were supported in locating their rooms where required. Some signage was available at eye-level to indicate the presence of toilets. However sufficient directional signage was still not available to assist residents in locating communal rooms. In addition, contrasting colours to support residents with dementia were not in use on corridors or on grab rails in toilets and shower rooms. There is an agreed timescale since the previous inspection for completion of these actions and the person in charge told the inspector that they will be completed within the agreed timescale.

A lift provided access between the ground floor and first floor, and handrails were available in all circulation areas. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date.

Adequate arrangements were in place for the disposal of general and clinical waste.

There was a well maintained secure central courtyard with seating areas and walkways. There was also a grassed area to the front of the building and adequate parking was available.

**Judgment:**

Substantially Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served,***



*and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**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:**

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked. Improvement was required to ensure that when required food diaries were appropriately recorded.

Weights were recorded on a monthly basis or more frequently if required. Approved nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights. The inspector found that improvements had occurred since the previous inspection and weight records were now reviewed on a regular basis.

The inspector found however that food diaries were not accurately maintained. In some cases where the care plan stipulated that accurate records of what residents ate were to be maintained, the inspector found gaps in the records and also it was unclear in others what had been eaten. For example in one case, the lunch time record merely stated 'half'. The inspector could not find out if this was half of the dinner itself or soup and dessert as well. Staff spoken with seemed unclear what it meant.

The inspector also noted the use of plastic crockery but this included under Outcome 16.

Records showed that some residents had been referred for dietetic review. Recommendations had been incorporated into the care plans and practices. The inspector saw that some residents had been reviewed by a speech and language therapist. The inspector observed practices and saw that staff were using appropriate techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. She also told the inspector of additional measures in place for residents who were losing weight. Fortifying meals with butter and cream was underway. In addition, specific fortified desserts were made available as an evening snack and suited all residents whether on normal or modified consistency diets.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

The inspector saw that snacks and drinks were readily available throughout the inspection.

**Judgment:**

Substantially Compliant

*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:**

Although some improvement had occurred, additional action was required to ensure that all residents had opportunities to participate in meaningful activities in line with their capabilities, interests and preferences and that residents received care in a dignified way.

It was highlighted at the previous inspection that residents, particularly those with dementia, did not have opportunities to participate in meaningful activities. While some improvement had occurred, the inspector did not observe regular meaningful activities taking place.

The inspector saw that a minimal number of residents were engaged in arts and crafts the afternoon of the inspection. The inspector noted that some residents were trying to paint but the table in use was very small. The inspector found that there was limited encouragement during the activities.

An enclosed courtyard was accessible from the ground floor; however the inspector still found that there was limited evidence that the more dependant residents on the first floor had access to this area on a regular basis. Staff told the inspector that sometimes the residents go out but this was not observed during the inspection even though it was a fine day.

The inspector also noted that plastic crockery was now in use for residents on the first floor. The inspector asked staff if all residents required this and they said no. The inspector found that this impinged on the rights and dignity of residents on that floor.

These issues were discussed in detail at the feedback meeting and the inspector saw that this aspect of care was under review by the management group.

Residents were facilitated to receive visitors in private. Several rooms were available for this if residents wished. The inspector saw relatives visiting at various times during the day.

Residents had access to a private telephone, with some phones being installed in residents' rooms for their convenience. Staff spoken with confirmed that arrangements were put in place to facilitate residents to vote in the centre, and to exercise their religious rights.

Residents had access to independent advocacy services. Residents' meetings were also held on a two monthly basis. The inspector saw notices around the centre inviting residents and families to attend the next meeting which was scheduled for mid September.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

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

**Findings:**

The inspector found that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Improvement was required to ensure that staff files met the requirements of the regulations.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. This had also been identified as an area for improvement at the last inspection and action required in relation to this is included under Outcome 5.

Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on infection control, use of restraint and dementia care including the management of responsive behaviours.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations.

Assurance was given by the management team that Garda Síochána (police) vetting was in place for all staff.

**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:***

Sheila Doyle  
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>	Millhouse Care Centre
<b>Centre ID:</b>	OSV-0000252
<b>Date of inspection:</b>	04/09/2017
<b>Date of response:</b>	18/09/2017

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

Two of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

#### 1. 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.

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

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

The Provider will ensure that the records set out in Schedules 2, 3 and 4 are kept in the centre and are available for inspection by the Chief Inspector. All employee files have been reviewed and there is a satisfactory explanation of all gaps in employment as required by the regulations.

**Proposed Timescale:** 18/09/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

There was still limited documented evidence that safety checks were being completed when restraint was in use in line with national guidelines.

**2. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Where restraint is used in the centre, it is only used in accordance with national policy on the use of restraint in residential care settings. In the event that the use of restraint is indicated, the frequency of safety checks is appropriately assessed and documented according to the individual residents' care needs and that the safety check charts are updated accurately and consistently.

**Proposed Timescale:** 30/09/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

There was no care plan in place to guide management of a wound.

There was very limited evidence that pressure area care was provided as outlined in the care plan.

**3. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

There is now an appropriate assessment of each resident's skin integrity. Where indicated, there is a care plan in place to accurately guide the management of a wound. Pressure area care is provided as outlined in the care plan by ensuring that repositioning charts are used to record the interventions used in order to maintain skin integrity and reduce pressure on vulnerable areas.

**Proposed Timescale:** 30/09/2017

**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:**

Continue with planned improvements such as directional signage and contrasting colours to ensure that the premises were made more suitable for residents with dementia.

**4. 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:**

There is a schedule of planned improvements in the centre, such as directional signage and contrasting colours to ensure that premises are made more suitable for residents with a diagnosis of dementia.

**Proposed Timescale:** 31/12/2017

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Gaps were noted in the records of residents' food intake and it was unclear in others exactly what had been eaten.

**5. Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate

quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Each resident is provided with adequate quantities of food and drink, appropriate to the dietary needs and preferences of individual residents, based on nutritional assessment and the prescribed/recommended advice of medical and allied health professionals, in accordance with the individual care plan of the resident. Food and fluid intake charts will be consistently and comprehensively completed as required and there will be an improvement in the quality of the information provided regarding the dietary intake of each resident where food and/or fluid charts are indicated.

**Proposed Timescale:** 30/09/2017

**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:**

All residents did not have opportunities to participate in meaningful activities in line with their capabilities, interests and preferences.

**6. 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:**

All residents will be offered opportunities to participate in meaningful activities in accordance with their capabilities, interests and preferences. The range of scheduled activities in the centre will provide an enhanced schedule to incorporate a range of small and large group activities and one to one interventions, taking account of residents' expressed wishes.

**Proposed Timescale:** 31/10/2017

**Theme:**

Person-centred care and support

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

Plastic crockery was now in use for residents on the first floor.

**7. 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:**

The provision of appropriate crockery is now in place, which will ensure that the rights and choices of residents are respected.

**Proposed Timescale:** 18/09/2017

**Theme:**

Person-centred care and support

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

There was limited evidence that the more dependant residents on the first floor could access the garden area.

**8. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

The revised activities schedule will include designated time for residents on each floor who wish to access the garden area are facilitated to do so. This will be identified as a preference on the activities care plan and a record of residents' preferred activities will be maintained, including garden outings.

**Proposed Timescale:** 31/10/2017