

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Colman's Residential Care Centre
Centre ID:	OSV-0000492
Centre address:	Ballinderry Road, Rathdrum, Wicklow.
Telephone number:	0404 46109
Email address:	claire.waldron@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	John O'Donovan
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	86
Number of vacancies on the date of inspection:	6

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.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 April 2017 09:30 To: 12 April 2017 18:30

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

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. 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 self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.

The inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and

interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for people requiring long term care and support and also of dementia care. On the day of the inspection 86 residents were accommodated in the centre, and just over 50% of residents had a dementia diagnosis. There was no dementia specific unit and all residents lived amongst each other in the four units in the centre.

Residents were positive about the service they received and spoke positively of the support provided by staff. Inspectors observed that all staff were person centred in their approach and knew the needs, likes and dislikes of the residents well. Residents were encouraged to maintain their independence skills with support from a range of aids and adaptations and staff support. There were appropriate numbers of staff with the skills to meet the needs of the residents to a good standard and staff were supported to continually develop skills through an ongoing program of training.

Residents rights were respected and this was seen through the range of choices available to people in the centre about how and where to spend their time. Complaints were dealt with effectively and there were effective systems in place to safeguard residents from abuse, including a clear procedure for reporting any allegations and regular training for all staff.

The observation carried out in one of the communal areas found staff were engaging positively with residents using a range of communication methods and sensory engagement, but further improvement was required to ensure residents with dementia could take part in meaningful activity more regularly.

The premises did not meet the needs of the residents in that the layout, specifically of the communal bedrooms, did not promote the privacy and dignity of the residents. The provider was in the process of finalising plans to move the service to a building specifically designed to meet the needs of older people requiring residential care.

These matters are discussed further in the report and are 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 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:

Resident's wellbeing and welfare was being maintained to a high standard of evidence-based nursing care. The care and support provided to residents was found to be person centred and encouraged residents to maintain independence skills as much as possible.

Records showed that all residents, including those visiting the centre for respite or convalescence, received an assessment prior to admission and then a comprehensive assessment was carried out on admission where their care and support needs were identified, and care plans put in place to set out how they were to be met.

Through a review of resident's records it was evident that residents health care needs were managed effectively by a well trained staff team. Staff were vigilant to any changes in residents needs and referrals were made to relevant medical professionals where diagnosis and treatment was required. Clear examples were seen in residents records relating to referrals the general practitioner, dietician or physiotherapist.

There were clear procedures in place for managing the range of healthcare needs of the residents, including for example pressure areas, nutrition needs, and residents at risk of falls. All staff spoken with were very clear of the steps to follow in managing any risks identified in relation to the residents needs, and the steps to follow when those needs changed. Staff were supported in their practice by a range of nursing assessment tools to support in the identification or risk and changes in needs. Examples of care plans were reviewed where residents had lost weight, had falls, had mobility or seating needs, and had responsive behaviour (challenging behaviour). All care plans were detailed and person centred. They set out the residents needs, the goal of the care and support, and the tasks required to support them. A wide range of needs were covered in care plans, including pain assessments, oral care needs and psychotropic drug use. Staff were found to know residents care and support needs and how to meet them. Residents and relatives spoken with said the staff team were very supportive.

The management team was carrying out audits on the care plans to check they were completed and reflected residents changing needs, and action plans were in place where any gaps had been identified.

Records of resident and family meetings held in the centre showed that assessments and care plans were explained, agreed, and reviewed four monthly or sooner if required.

Inspectors observed allied professionals attending the centre to assess residents and review their progress against stated goals. There were regular visits to the centre from a dietician, and occupational therapist. There was also a physiotherapist based in the centre that residents could access as required. The general practitioner (GP) visited the centre five days a week, but residents were able to retain their own GP if that was their choice. There was a regular multidisciplinary meeting to ensure a holistic assessment of residents needs. Mental health services and the Psychogeriatrician could also be accessed where required. Outcomes for residents were positive with clear evidence of reduction in the numbers of pressure sores, falls and early detection of health conditions.

Where residents had a diagnosis of dementia their care plans stated this clearly and described the impact it had on the resident. The communication care plans made clear the most effective way to communicate, and where residents needed support with consenting to treatment their families were involved with their agreement. Staff spoken with stated the importance of always involving residents in decisions big and small, and gave examples of where they had spoken about topics such as end of life care and received very clear views from residents even where they had dementia and their cognitive skills may have deteriorated.

For each resident there was an assessment of their individual need in relation to nutrition and hydration. Staff reported that on admission a three day diary would be completed to find the resident general intake, and this would be used to assess if any further intervention was required. The dietician confirmed that if residents lost weight she would receive a referral with a three day diary attached, and where they made recommendations they had been implemented. Inspectors saw residents receiving fortified drinks, and food of altered consistency to meet their needs where it had been recommended by the dietician or speech and language therapist. Examples were seen where intervention was no longer required due to the positive progress of residents in gaining weight and no longer being at risk of malnutrition. Residents were seen to be using adapted cups and cutlery to support independence, and some who preferred to walk around at meal times were encouraged to eat finger foods and drinks as they moved around to ensure sufficient nutritional intake.

Meals served were seen to look appetizing and residents spoke very highly of the quality. The menu offered a choice at each meal time, and the menu reflected the feedback provided by residents. There were drinks and snacks available at set times, but also on request. Inspectors saw a number of water dispensers around the centre and those in bed had drinks close to them. Where residents required support to eat and drink this was seen to be offered discreetly and in a sensitive manner. There were a range of areas where residents could take meals if they found the main dining room too noisy or busy.

Each resident had an end of life care plan in place. Detail was added over time where people continued to make decisions. These plans were reviewed regularly and recorded

resident's decisions and the dates they were taken. Staff explained that there were single rooms available for residents receiving palliative and end of life care, and also accommodation in the grounds of the centre for family if they wished to use it. Staff reported that the palliative care team could be accessed when residents needed it, and they worked closely with the staff in the centre to ensure continuity of care which is important for everyone, but especially residents with dementia. Where residents had left the centre, for example for hospital stays, records showed that relevant information was provided to the place they were going to ensure continuity of care.

To ensure residents could make healthy living choices it was observed that they were able to mobilise around the centre, and take part in a range of social activities, including exercises and co-ordination activities. Inspectors observed a wide range of mobility aids to support residents to remain independently mobile where possible. There was also a range of seating available to meet the range of residents assessed needs. Where residents had a reduced cognitive ability but wanted to walk around they were supported with portable devices that would alert staff if they were close to the exits in the centre.

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:

There were measures in place to protect residents from being harmed or suffering abuse, including safe money management arrangements. There were systems in place to promote a positive approach to behaviours that challenge and the management of restrictive practices were in line with the national policy.

There was a policy in place that gave clear guidance on the process to follow to safeguard residents in the event of an allegation of abuse being made. Staff in the centre had a clear understanding of the process to follow, and this was evidenced by the appropriate steps being taken when reports had been made, including the appropriate notifications to HIQA.

There was a regular program of training for staff in the centre to ensure they were fully aware of the policies to follow, and also the signs that may indicate someone had suffered abuse. Staff were seen to engage with residents in a respectful manner, making time to speak to individuals. Conversations were seen to include residents being greeted by name, relating to the individual using information about the person's life

story, and encouraging them to talk and join in the conversation. Staff were seen to be offering options and choices for all residents to make. Senior nurses or the management team were available to offer advice in the centre and observe staff practice to ensure policies and procedures were followed.

Residents and relatives who spoke with inspectors said they felt well supported by the staff team in the centre.

Inspectors reviewed the system in place in the centre for managing residents finances where they were asked to. Records showed that residents had access to their money, and there was a clear record of deposits and withdrawals that were signed by two members of staff. Where the provider was asked to be the pension agent for residents there were formal arrangements in place, and there was an external audit completed annually.

The document 'Guidelines on behaviours that challenge' provided clear guidance to staff of the process to follow where residents had responsive behaviour (challenging behaviour). Staff were observed to be communicating well with residents to manage any anxiety or frustration that was observed during the inspection. Staff were managing to redirect residents or support them to achieve the activity of their choice, for example walking around the centre. A review of residents care plans showed that staff were following the agreed plan of care. The care plans set out residents needs, any known triggers, and the most effective ways to redirect them to support them to remain calm and settled.

There was also a policy on restraint use in the centre. It included definitions of restraint, procedure for initiating the use of restraint, and the types of restriction that could be used in the centre. Where restrictions were in place there was a clear record of the decision making process including other less restrictive measures trialed. Where they were in use there were clear risk management procedures in place and residents and relatives were involved in the decision making process. Reviews were carried out at least every four months, or sooner if required. Overall the use of bedrails in the centre had reduced, and other restrictions such as alarm mats and location alarms were only used where other interventions had not been successful.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in the organisation of the centre. The staff promoted a person centred approach to care and support, however due to the design and layout of the centre residents privacy and dignity was being significantly impacted.

The policies and procedures in the centre focused on ensuring residents received person centred care, and were provided with information in a way that was accessible to them. For example the communication guidelines provided information on how best to communicate with residents with a variety of needs, including a cognitive impairment. The policy on provision of information to residents also focused in ensuring information was accessible and available. Staff were seen to be communicating effectively with residents, and clearly knew the most effective way to communicate with individuals.

There were regular resident's meetings, and minutes were available on the notice boards in the centre. The minutes showed that they were read out and agreed at the following meeting. There were also information meetings held for residents and their relatives. One had been held recently on dementia and how family can support the individual. Through the inspection inspectors saw evidence that resident's feedback had been taken on board, for example changes to the menu, and a review of waiting times for personal care.

Residents were seen to be making choices about how they spent their time in the centre, in the range of communal areas and bedrooms. Some residents were seen to be meeting with visitors privately or in the communal areas as they chose. Residents were also going out with visitors. There was a program of activities taking place in the centre, and inspectors observed staff asking people if they wanted to be involved. Records showed there were also trips out to local areas of interest arranged on a regular basis. During a focused observation of the main lounge area inspectors identified that staff were working hard to engage residents not taking part in the main activity. They were supported to be involved in activities such as board games, and other sensory activities such as knitting, art work and blocks. Staff also moved around the residents who were not actively involving themselves in activity or conversation and engaged with them including checking their comfort and whether they wanted a drink or a snack. The radio was on at the back of the room, and towards the front of the room some residents were watching television. While there was an active atmosphere in the room it was noted that there were periods where there was less engagement for those who required direct encouragement to take part in meaningful activity.

Some residents had their own telephones, and there was access to a phone for those who wanted it. Newspapers were delivered to the centre, and there was access to a computer and wi-fi. Video calling was also available in the centre if they wanted to access it.

There was a range of religious services carried out in an oratory in the centre, and members from the community also attended if they chose to. On the day of the inspection inspectors observed residents being supported to get to the service prior to it starting, ensuring people who needed support with personal care were up and ready in time.

It was evident that the staff were committed to providing residents with person centred care that respected their individuality and dignity. The management team promoted a person centered approach, and care records and practice showed this was put in to practice. However, the impact of the premises on resident's privacy and dignity was significant.

The physical environment of the centre did not promote the privacy and dignity of residents. The centre was broken into two wings with two units on each wing. The majority of the bedrooms in the centre were multiple occupancy rooms for between two and four residents. The registered provider had reduced the numbers of beds in some communal rooms since the last inspection to provide more personal space for residents, however the inspectors found that the communal rooms did not promote residents' privacy and dignity. For example on the left wing of the centre, in Lavender Vale, there were eight multiple occupancy bedrooms that were positioned between a corridor and conservatory area, with the wall connecting the conservatory and bedrooms consisting of almost completely glass windows. The result of this was that any other resident, member of staff or visitor could see into residents' rooms from the conservatory unless a large curtain was pulled in front of the wall, however doing so would block the natural light going into the room. If a resident wished for natural light it meant that they would have to sacrifice any privacy in their room. Throughout the inspection it was also noted that the doors into the rooms from both the corridor and conservatory were consistently left open unless a resident was receiving care from a staff member.

On the right wing of the centre the doors to bedrooms were also constantly left open. The result of this was the entire bedroom could be seen by anyone from the corridor when walking past the door. This affected the resident's privacy and dignity as unless a resident had the ability to get up and close the door themselves they would have no privacy in their bedroom. At times the inspectors observed some residents were asleep in their bed while the door to their room was wide open. Some doors had windows into bedrooms, in one case it was noted that there was no curtain over the window meaning that even if the bedroom door was closed the residents in the room would have their privacy infringed upon.

Judgment:
Non Compliant - Major

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:

Complaints of residents and relatives were recorded, listened to and acted upon.

There was a complaints policy in place in the centre. The policy stated that all complaints, both verbal and written, were to be recorded. Complaints that could be dealt with a unit level would be done so by the clinical nurse manager and forwarded to the person in charge if it could not be resolved locally. The policy also detailed the appeals process for complaints. The policy stated that the person in charge in the centre was the person nominated to manage all complaints in the centre.

There were copies of the complaints procedure displayed in each unit in the centre and in the front foyer. The procedure explained how a complaint could be made in the centre, and the steps that could occur following this. The information displayed matched that detailed within the complaints policy.

The person in charge maintained a record of all the complaints in the centre. The inspectors reviewed the complaints record and found they were recorded on a standard complaints template. The template listed the dates, times, details of the complaint and details of any actions taken on the receipt of a complaint. Complaints were reviewed on a monthly basis and a report was issued to an external office in the HSE to provide further oversight in the management of complaints in the centre. The majority of the complaints in the centre were verbal and were around issues such as temperature of rooms, clothing and food. All seemed to have been dealt with appropriately. There was no evidence to suggest that a resident was adversely affected by issuing a complaint. All residents were provided with information around complaints on admission to the centre.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found there were sufficient staff during the unannounced inspection to meet the needs of residents. There was a mix of management, nursing staff, healthcare assistants and ancillary staff. The centre was set out in four units, and each unit had staffing allocated in relation to the needs of the residents.

Each unit had a CNM2 as a lead, and then senior nurses covered at other times. The senior nursing staff were available to provide supervision and support to the other staff, and ensure residents needs were being met. Annual appraisals were carried out each year and supported the development of the training needs analysis.

The person in charge explained the ongoing recruitment taking place to fill vacant positions and how shifts were covered in the event of staff unable to attend for shifts. There were service level agreement in place with agencies, who were able to provide regular staff to support the continuity of care in the centre. Staff worked hard to cover all shifts to ensure there was appropriate cover in the centre at all time. Actual and planned rosters showed that shifts were covered as planned most of the time.

Staff were found to have the relevant skills to meet the needs of the residents. A training needs analysis was carried out by the person in charge to identify training needs for the staff team and a range of staff training courses were provided to ensure staff had the skills to meet the needs of the residents using the centre. All staff had received up to date mandatory training in the areas of manual handling, fire safety and safeguarding against elder abuse. Additional training needs were included for example a high number of staff had had completed training in supporting people with dementia and responding to responsive behaviours within the last three years.

The inspectors reviewed a total of four staff recruitment files on site. Not all the required information as listed in schedule 2 of the regulations was contained in the files. The person in charge informed the inspector that not all the information was held in the centre, but was held centrally by the HSE. The inspectors requested the representative of the provider to confirm that all of the staff recruitment files contained the requirements of schedule 2. This was confirmed to the inspectors post inspection. All staff in the centre had received a vetting disclosure from the Garda Vetting Unit.

The centre had a number of volunteers working in the centre. The inspectors reviewed the files for the volunteers. Each volunteer had their role within the centre clearly outlined and had a copy of their Garda Vetting Disclosure.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the centre was not laid out in a manner that actively promoted the independence of residents, including those with dementia. Improvements to make the centre more easily accessible to residents with dementia continue to be required.

The centre was broken into two wings with two units on each wing. The majority of the

bedrooms in the centre were multiple occupancy rooms for between two and four residents. Since the last inspection the practice of using multi occupancy rooms for five people had stopped, and many of the rooms previously used for four people had been reduced to three. The registered provider had reduced the numbers of beds in some communal rooms since the last inspection to provide more personal space for residents, however the inspectors found that the communal rooms did not promote residents' privacy and dignity. This is discussed further under outcome 3.

Due to the large size and clinical design of the communal bedrooms, there were limited as to what could be done to personalise and improve the homeliness of bedrooms, however positive attempts had been made with belongings and photos. Residents did have suitable storage space for their personal belongings. Each resident had a wardrobe, a bedside locker and a chair. Some residents had been facilitated to bring in other additional furniture into their rooms such as couches, chairs and additional storage. Call bells and screening were in place for each resident. There were a sufficient number of toilets and bathrooms in the centre and ventilation had been improved since the last inspection. Some rooms had en-suite facilities, however it was noted that not all toilets/bathrooms had grab rails in place at the sink areas.

The centre had adequate communal space for residents. The centre had three large day rooms (one which was shared with a day service) and two smaller homely sitting rooms. The smaller sitting rooms allowed resident's to meet visitors in private. There was also a large dining room in the centre. The inspectors were shown that the centre had a large activities room that was being used for staff training on the day of inspection; however staff informed the inspectors that this was often used for residents' activities. In general the day rooms were decorated well with furniture and pictures. It was noted that most of these rooms were in use for the entire inspection. There was also a sensory stimulation room in the centre which was being used on the day of inspection. Hand rails were in place in communal areas and throughout the corridors.

The promotion of residents with dementias' independence was limited due to the layout and design of the centre. The design of the centre could prove to be confusing and difficult to navigate. The use of colour schemes in corridors was similar throughout the centre making it difficult to differentiate between the different areas in the centre. The pattern of the flooring in some of the corridors consisted of diamond and triangle shapes with contrasting colours that could prove disorientating to residents with dementia. There was some pictorial signage in place, for example on the toilets, however in one case a toilet converted to a store room still had old signage stating it was a bathroom. The use of directional signage to orientate residents required improvement throughout the centre.

All areas in the centre were open and there were no restrictions on residents moving throughout the centre, however access to the two secure external garden areas were only available if a resident requested a staff member to unlock the door.

Assistive equipment was provided to meet the needs of resident in the centre, such as hoists, wheelchairs and specialised beds. There was suitable storage in the centre for the assistive equipment.

The provider was fully aware of the limitations of the premises and plans for a replacement building were at an advanced stage.

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:

Helen Lindsey
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:	St Colman's Residential Care Centre
Centre ID:	OSV-0000492
Date of inspection:	12/04/2017
Date of response:	26/05/2017

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 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:

While there was a programme of activities in the centre improvement was required to ensure residents with dementia could participate more frequently in accordance with their interests and capabilities.

1. 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.

¹ 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:

A review has been completed since the inspection. Two Health care attendant's positions and two volunteers have been profiled and assessed for expansion of the Activities Team. Dementia specific activity training to be provided to enhance the current 14 volunteers and weekly planned programme. A person centred dementia specific activity programme will be put in place, in accordance with resident's interests and capabilities. Special emphasis will be placed in the area of sensory and reflex activities for dementia residents as recommended by best practice.

Proposed Timescale: 30/09/2017

Theme:

Person-centred care and support

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

Residents in multi occupancy rooms were limited in their choice to carry out activities in private.

2. 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:

Post the Inspection, the PIC has enabled further engagement with the Residents regarding the notified "non-compliance" where it is stated that the environment "did not promote the privacy and dignity of Residents". This engagement indicated that the majority of Residents wished for access to natural light and the external environment. It was also noted in these discussions/engagements that Residents sought access to the general internal environment of the Unit whereby opportunities presented for socialisation with other Residents and staff. The wishes of the Residents will continue to be sought and respected in this regard and where exceptions are noted and/or observed, measures will be put in place in line with the residents wishes. Current measures to further enable privacy and dignity have been put in place post Inspection including the procurement of appropriate curtains for all resident areas. This particular issue and the information gleaned through discussion within the Centre will be further discussed at the next Residents Forum scheduled for 14/6/17.

The Provider is glad to note from the Inspection Report that Residents privacy and dignity was respected at all times during the delivery of personal care as is the policy at the Centre.

This matter will be kept under constant review by the PIC and output from the Residents Forum will inform future measures in this regard.

Proposed Timescale: 30/06/2017

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:

The premises were not appropriate to the needs of the residents of the centre and in accordance with the statement of purpose prepared under Regulation 3.

3. Action Required:

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

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

The Provider is committed to the redevelopment of St Colman's Residential Care Centre. Detailed plans have been developed in this regard and appropriate resources have been identified to commence this project in 2019. A Stage 1 design brief is in place which will form the basis of an outline planning application in 2018.

The plans as proposed will encompass the construction of a replacement facility comprising of 95 beds, 20 of which will be dementia specific. All of these beds will be designed around the individual and will afford the maximum level of privacy and dignity appropriate to the nature of service involved.

The Provider would be glad to further discuss this information/detail with the Authority as required.

Proposed Timescale: 30/09/2019 (commencement)

Proposed Timescale: 30/09/2017