Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	St Oliver Plunkett Community Unit
Centre ID:	OSV-0000539
Centre address:	Dublin Road, Dundalk, Louth.
Telephone number:	042 933 4488
Email address:	kay.okeeffe@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Lead inspector:	Una Fitzgerald
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	57
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:	To:
10 July 2017 10:30	10 July 2017 21:30

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

Summary of findings from this inspection

This thematic inspection focused on the care and welfare of residents who had dementia. The inspectors also followed up on an application to remove an existing condition of registration. This relates to the reconfiguration of the physical environment. On arrival to the centre, inspectors met with the person in charge and explained the purpose of the inspection.

The refurbishment works which were due for completion in January 2017. At the previous inspection in April 2016 there were some outstanding works awaiting completion. On this inspection the final phase of the building works at the main entrance were finished and the entrance was operational since 5th May 2017. The external grounds and landscaping works had been completed. The inspectors were satisfied that the assisted bathroom met the requirements in line with Regulation 17(2) of the Health Act 2007.

Prior to the inspection, the centre completed the provider's self-assessment relating to services for people with dementia and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspectors met with residents and staff members during the inspection. The case files of a number of residents including those with dementia within the service were tracked. A validated observation tool was used to observe practices and interactions between staff and residents within the centre. Specific emphasis focused on residents who had dementia. Documentation such as care plans, medicine records, medical and clinical records, policies and procedures, and staff records were reviewed.

St Oliver Plunkett's Community Unit provides care for a maximum of 63 residents. On the day of inspection there was a total of 39 residents with a formal diagnosis of dementia and a further one resident who has symptoms of dementia. Inspectors were informed by the person in charge that due to staffing shortages the centre has capped the admissions at 57 residents to ensure that the care for all current residents is not compromised.

The inspectors observed numerous examples of good practice in areas examined, which resulted in positive outcomes for residents. Staff observed were courteous and responsive to residents and visitors during the inspection. The results from the formal and informal observations were generally positive and most staff interactions with residents promoted positive connective care. In general the living environment was stimulating and also provided opportunities for rest and recreation in an atmosphere of friendliness. Residents had access to outdoor gardens that were well maintained.

There were policies and procedures available to inform safeguarding of residents from abuse. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The centre promoted a restraint free environment.

Residents were consulted with and participated in the organisation of the centre. Overall, a culture of person-centred care was evident and staff worked to ensure that each resident received care in a dignified way that respected their privacy. A range of staff training opportunities included dementia specific training courses were provided. A staff training programme was in place and while some gaps were noted within the mandatory training records the person in charge was able to confirm that dates were booked to ensure that all gaps will be addressed as a matter of priority. This will ensure all staff are knowledgeable and care is delivered in line with best practice.

The findings and improvements required are discussed within the body of this report and set out in the action plan at the end for response.

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:
The inspector focused on the experience of residents with dementia and tracked the journey prior to and from admission of a number of resident files. The review also looked at specific aspects of care such as nutrition, wound care, mobility, access to health care and supports, medication management, end of life care and maintenance of records. Findings were that residents' needs were met through timely access to medical treatment. Arrangements were in place to meet the health and nursing needs of resident's with dementia. Residents had good access to a general practitioner (GP) and allied healthcare professionals. Inspectors saw good evidence that advice received from the multidisciplinary team was followed up in a timely manner. The detail of reviews carried out was clearly evident within the records. The centre had introduced a system called care delivery whereby each resident had a named key worker within the nursing team and the healthcare team. This system ensured that each care plan was person centered and guided care.

Resident files held a copy of their Common Summary Assessments (CSARS), which details assessments undertaken by professionals such as a geriatrician and members of the multidisciplinary team. On admission all residents had a comprehensive nursing assessment. The inspector observed that initial care plans were written within the 48 hour timeframe as per the regulations. The assessment process involved the use of validated tools to assess each resident’s dependency level, risk of malnutrition, level of mobility, falls risk assessment and skin integrity. An assessment using a validated tool of the level of cognitive impairment of resident's admitted was recorded and subject to review. Assessment outcomes were linked to care plans that were seen to be reviewed in consultation with the resident and family at intervals of three months and more frequently when clinically indicated. There was good evidence contained within the communication sheets that the resident and their family were kept updated and involved in care discussions. This was also confirmed during conversations had by inspectors with residents and family on the day of inspection.

Clinical observations such as blood pressure, pulse and weight were assessed on admission, and monthly thereafter. A care plan was developed following admission. In

the sample reviewed, information following the assessment, involvement and recommendations of allied healthcare professionals was reflected. Care was seen to be delivered to each resident in accordance with their identified needs. Systems are in place to ensure that all relevant information about residents with dementia is provided and received when they are absent or return from another care setting, home or hospital. For example the centre has a document on every resident titled Hospital Passport. Of the sample reviewed this document is very detailed, person specific and guides care.

Staff provided end of life care to residents with the support of their GP (General Practitioner) and have access to specialist community palliative care services if required. Each file reviewed had an end of life care plan. This care plan is kept under regular review and was updated in consultation with the resident and where appropriate a family member. End of life care plans outlined the physical, psychological and spiritual needs of the residents. There was no resident receiving end of life care on the day of inspection. The centre has accommodation for families to stay with their relatives with facilities for refreshment available. Staff outlined how religious and cultural practices were facilitated within the centre.

Arrangements were in place to meet the nutritional and hydration needs of residents with dementia. There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked. Nutritional and fluid intake records were maintained. Some gaps in the accuracy of the documentation on recording of fluid intake and output was seen. This was discussed with the nursing management. Measures to address these gaps and ensure that the learning was communicated to all staff was identified. Inspectors were reassured that this issue was addressed during the inspection. The processes in place ensure that residents with dementia do not experience poor nutrition and hydration. The Inspector saw that a choice of meals was offered and available to residents. There was a system of communication between nursing and catering staff to support residents with special dietary requirements. Any food allergies were clearly recorded along with resident's likes and dislikes. Dining arrangements were set up in two separate locations. While the majority of residents had their meals at set times inspectors were told that alternative times to meet individual requests can be facilitated. Staff sat with residents while providing encouragement or assistance with the lunch-time meal. Assistance was given to residents with dementia in a discreet and sensitive manner.

Residents were assessed to identify their risk of developing pressure related skin injuries. Residents at risk had specific equipment in place to mitigate level of risk, such as repositioning regimes and pressure relieving mattresses and cushions. There was one resident with a pressure ulcer on the day of inspection. The care plan was detailed and guided practice. The inspector reviewed the wound management procedures in place. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal.

Some improvement was required to ensure that each resident is protected by the designated centre’s policies and procedures for medicine management. Inspectors reviewed a sample of prescriptions and administration records. Of the prescription

records looked at all residents required medicine as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. Inspectors also found that some residents required their medicines to be crushed prior to administration and a general authorisation to crush was identified on the front of the prescription record. However, the medicines were not individually documented as requiring crushing.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The policies had all been reviewed in March 2015. Nursing staff were observed administering medicines to residents and practices reflected professional guidelines. Residents were not rushed and the rationale for the medication was explained. Appropriate storage and checking procedures were in place for medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors. To date in 2017 there was no medication errors reported.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The inspector observed a culture of promoting a restraint free environment which was evidenced by a reduction in the use of restraints. Since January 2017 the numbers had decreased from 35 down to 23 on the day of inspection. Alternative measures such as low-low beds, bed wedges and bed alarms were available. There was a documented rationale in residents care plans in relation to the use of bed rails. The inspector reviewed a sample of the decision making tools used when considering the use of restraints. There was evidence of the communication and consultation had with residents and families on bedrail usage. Written consent forms were also seen in all files reviewed.

The inspector saw positive and respectful interactions between staff and residents and that residents were comfortable in asserting themselves and bringing any issues of concern to staff. Residents and relatives spoken to articulated clearly that they had confidence in the staff and expressed their satisfaction in the care being provided. Inspectors reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure the management of resident's finances were fully safeguarded.

The inspectors was satisfied that there were policies and procedures in place for the protection of residents from abuse. All staff had received training on the prevention of elder abuse and staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. In conversations with residents and families the inspector was informed that they felt safe and secure in the centre.

The centre has a policy on and procedures in place to support staff with working with residents who have responsive behaviours (how people with dementia and other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment}. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. Staff were familiar with the de-escalation techniques for individual residents. The files of a number of residents who currently have responsive behaviour care plans were reviewed. Incidents were documented using an ABC chart. The care plans were person centered and guided practice.

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' privacy and dignity was respected and they were facilitated to maximise their independence and exercise choice and control over their lives. Residents, including those with dementia, participated in meaningful activities that were in line with their needs, interests and capabilities. Further improvement was required to ensure residents could avail of activities throughout the evening.

While an activities co-ordinator did not work full-time in the centre, the residents hugely benefitted from a comprehensive activities programme that took place in the day hospital attached to the centre. Staff who spoke with inspectors explained how residents were supported to attend the day hospital to participate in their preferred activities, such as arts and crafts, bingo, music and exercise. Complimentary therapies such as reflexology and aromatherapy was also provided as part of this programme. This arrangement between the centre and the day hospital also afforded residents the opportunity to maintain connections with their local communities.

For residents that could not attend the activity programme in the day hospital, staff

informed inspectors that the person who carried out reflexology and aromatherapy visited both units once weekly for one-to-one sessions with a number of residents. An artist also visited weekly to carry out sensory-based activities on a one-to-one basis, and both of these activities were described as being very beneficial to the residents, particularly those with dementia. Musicians and volunteers visited the units to provide or facilitate other activities frequently, and an 'intergenerational project' had been established with a local school, where 5th class students visited residents on a monthly basis. Care assistants in both units were responsible for carrying out activities in their respective units, and group activities such as sing-a-longs and bingo were scheduled for the day of the inspection. Documentation detailing the activities completed by residents was provided to inspectors for both units, and staff explained that specific documentation was completed for residents that required support to engage in activities, which recorded the time spent engaging in each activity. There was a designated room in St Gerard's Unit for activities, and the communal rooms in both units were also utilised for activities. Additionally, an outing was scheduled to take place on one of the days following the inspection, with approximately 10-12 residents attending.

As outlined above, residents could avail of activities throughout the day. However, inspectors noted that activities were not generally scheduled for the evening, and observations on the day of the inspection indicated that from about 5pm onwards, residents in communal rooms in both units did not have the opportunity to engage in any activities. In both units, staff were responsible for other tasks so were not present in these rooms for periods of time, either to supervise residents or facilitate activities. Inspectors suggested that the allocation of staff at these times was reviewed to ensure that residents are appropriately supervised and engaged.

Inspectors found that residents received care in a dignified way that respected their privacy and dignity. Inspectors observed staff interacting with residents in a kind and empathetic manner, and were knowledgeable of their backgrounds and personal preferences, such as what name they prefer to be called.

Residents were facilitated to exercise their civil, political and religious rights. The person in charge could outlined how residents were supported to practice their respective faiths; an oratory was used for religious services three times a week, and care plans had been developed around residents religious wishes where appropriate.

There were no restrictions on visiting, and a number of areas in both units were available to residents receiving visitors. Telephones were available for residents' use, and the person in charge outlined how work was ongoing to provide a video-messaging service for residents.

Residents and their families or advocates were consulted in how the centre was run. A resident and relatives survey was conducted in 2016, which allowed the respondents to provide feedback on a range of areas. While feedback was predominantly positive, an action plan was developed around suggestions for improvement. The person in charge updated inspectors on the progress of these actions, some of which had been completed. A residents' forum was held every quarter, and minutes of these were provided to inspectors. A relatives forum was also operating in the centre, which participated in the organisation of the centre and also raised funds for various initiatives

in the centre. The person in charge outlined to inspectors how the relatives forum advocated for residents and their lived experience within the centre.

Two independent advocates were available to the centre, and could be contacted if their services were required. Additionally, they visited the centre every three months to meet with residents.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There were policies and procedures for the management of complaints. The complaints process was displayed in a prominent place in the reception area. The registered provider and the person in charge were both involved in the management of complaints received. The inspectors reviewed the complaints log. Records indicated that complaints were minimal, a total of 2 to date in 2017. Residents were informed on admission of the complaints procedure.

The management of all complaints received had been investigated promptly, a record of the outcome was documented and there was also detail if the complainant was satisfied with the outcome. The centre had an appeals officer and also directed the complainant to the office of the Ombudsman if unhappy with the outcome.

Residents spoken with on the day told inspectors that they would not hesitate to make a complaint if they had one. Relatives voiced satisfied with the care and were aware of who they could complain to if they needed to.

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 that on the day of the inspection, there was an appropriate level and skill mix of staff to meet the assessed needs of residents, particularly those with dementia. However, the allocation of staff in the evening throughout both units required review to ensure that residents were appropriately supervised. Inspectors observed that on both units, staff were attentive to residents needs throughout the day and residents were adequately supervised in communal areas. In the evening however, there were a number of occasions in both units where inspectors observed that residents were unsupervised in communal areas for periods of time.

There was a planned and actual rota, with all changes clearly indicated.

There were effective recruitment procedures in place for staff. There was an induction programme for newly-recruited staff, including staff from an external provider. A staff member who spoke with inspectors explained how new staff members worked under the supervision of more senior staff during their initial shifts. The person in charge explained that as part of the induction programme, performance reviews took place at three and six month intervals following their recruitment. Evidence of appraisals were seen for staff, but improvement was required to ensure that these were completed on an annual basis.

A sample of staff files was reviewed by inspectors, and these were found to contain almost all of the information required by the regulations. While An Garda Síochana vetting disclosures were not available on the day of the inspection as they were not held in the centre, evidence of these were forwarded to inspectors in the days following the inspection. The person in charge confirmed that all staff had An Garda Síochana vetting in place.

Training records for all staff were provided to inspectors. These indicated that while all staff had completed up-to-date mandatory training in fire safety and the prevention, detection and response to abuse, 32 members of staff had not updated their training in moving and handling practices. Inspectors brought this issue to the attention of the person in charge, who scheduled appropriate training for two dates in the weeks following the inspection. A large portion of staff had completed training in dementia care over the last number of years, and other training received included basic life support, nutrition and infection control. Staff who spoke with inspectors were knowledgeable of the training that they had completed.

Staff meetings were held on both units on a regular basis, and minutes of these meetings were provided to inspectors.

A number of volunteers were operating in the centre at the time of the inspection. Their files were made available to the inspectors, and these were found to contain disclosures of An Garda Síochana vetting and details of their roles and responsibilities.

Judgment:

Substantially 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 premises met the assessed needs of all residents, and inspectors found that the design and layout promoted the dignity, independence and wellbeing of residents with dementia. Further development of signage within the centre could support residents to navigate throughout the premises.

Further works had been completed since the previous inspection and the last phase of construction regarding the entrance to the centre was now complete.

The centre comprised two units, St Gerard's and St Cecila's. St Gerard's is a small unit dedicated to providing care for up to 19 residents with dementia. Up to 44 residents could be accommodated in St Cecilia's Unit, and on the day of the inspection a large proportion of those residents residing in St Cecila's had a confirmed diagnosis of dementia. As a result, elements of good practice in relation to dementia care were identified in both of these units.

The areas throughout the centre were found to be clean and suitably decorated on the day of the inspection. The centre was generally in a good state of repair, and the layout of the premises supported the movement of residents between their personal spaces and communal areas. Both units contained a combination of single and twin bedrooms, and these were found to be of an appropriate size to meet the individual needs of residents. Screening was provided in all twin bedrooms to ensure that the privacy and dignity of residents was maintained. Handrails and grab rails in corridors, circulation areas and toilets and shower rooms promoted residents independence throughout the centre and its external areas.

St Gerard's Unit is a secure small scale unit that provides a comfortable and homely environment for residents. The unit had its own independent entrance, but could also be accessed from within the centre. A spacious communal dining room overlooked an internal courtyard, which contained bright flowers and shrubbery and could also be accessed from the reception area. While inspectors identified that residents could not access this courtyard independently, it was highlighted to the person in charge who took immediate action to rectify this issue. A second secure garden area was accessible from the unit's sitting room, this was also spacious and well-maintained. A room dedicated to activities was situated in a quiet area of the unit. The unit contained a sufficient number of toilets and shower rooms, and a bath was available to residents who may choose to

use it.

Residents' bedrooms had been personalised with their possessions and belongings, and it was clear that efforts had been made to make the bedrooms homely and familiar. Clocks were readily visible from residents' beds, assisting them to orientate to the time of day. An array of art pieces were displayed throughout the corridors and in communal areas, and many of these were made with tactile materials to encourage the sensory stimulation of residents. The use of colour schemes had been implemented in some areas to support residents, for example, toilet doors throughout the unit had been painted red to encourage easy identification. While some signage was present, for example, on residents' bedrooms, this signage could be further personalised and additional signage could be installed to guide residents to communal areas.

St Cecilia's Unit contained two day rooms, a bright dining room and two more open communal areas. These areas were decorated appropriately and efforts had been made to appeal to residents' interests. For example, in one communal area a vinyl record player and box of vinyl records were displayed, and allowed residents to play music in accordance with personal taste. A small sun room and a visitor's room were also available to those who may want to meet visitors in private. Inspectors found that while the dining room was bright and airy, it was not spacious enough to accommodate residents' assistive equipment, including specialised chairs, at some mealtimes. Staff told inspectors that this issue had been previously identified, and attempts had been made to reconfigure the dining room in the past. A number of secure, external outdoor areas were also available to residents in St Cecilia's Unit. Overall, these areas were well-maintained but the flooring in one of these gardens was uneven. The person in charge stated that this was an issue that was currently being addressed.

There was suitable storage facilities throughout the centre for assistive equipment and linen and other supplies. Sluicing facilities were available in both units, and these were found to be securely locked throughout the day of the inspection.

Judgment:
Substantially 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:

Una Fitzgerald
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[1]

Centre name:	St Oliver Plunkett Community Unit
Centre ID:	OSV-0000539
Date of inspection:	10 July 2017
Date of response:	20 July 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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some improvement was required to ensure that each resident is protected by the designated centre's policies and procedures for medicine management. Some residents required medicine as and when required (PRN). The maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Inspectors also found that some residents required their medicines to be crushed prior

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

to administration and a general authorisation to crush was identified on the front of the prescription record. However, the medicines were not individually documented as requiring crushing.

1. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Following consultation with the Medical Officer and the Pharmacist

A risk assessment on the prescribing of medication has been undertaken.

A policy on the transcription of prescriptions has been formulated.

A new system of prescribing will be implemented to ensure the safe administration of medications.

The new system will be audited monthly.

Proposed Timescale: 17/09/2017

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 residents participated in activities throughout the day, there was little opportunity to engage in activities in the evening.

2. 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:
A review of the duty rosters has been undertaken and changes to the roster implemented to allow for an increase in the availability of Resident activities in the evening time.

Proposed Timescale: 07/08/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not updated their training in moving and handling practices.

3. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
The Moving & Handling policy has been revised to reflect the requirement for 2 year mandatory training as opposed to the 2016 policy which stipulated 3 year mandatory requirement.

Dates for Moving and Handling training has been scheduled for 25/7/17, 11/8/17 and the 19/10/ 17.

All Staff will have completed refresher training in moving and handling by 19/10/17

Proposed Timescale: 19/10/2017

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 surface in one external courtyard was uneven.

Additional signage was required to support residents with dementia in navigating the centre.

4. 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:
Work had commenced to obtain quotes for resurfacing the courtyard area at the time of inspection. Three quotes have now been obtained, a contractor has been sourced and work will commence on the week of the 28/8/17.

Following consultation with our Artist a plan has been established to provide additional

signage to include picture aids and cues to highlight indoor and outdoor facilities. This will assist and support Residents to navigate the Centre. Proposed Timescale: >Work in the courtyard will be completed by the 31/8/17. >Additional signage will be completed by the 18/9/17
Proposed Timescale: 18/09/2017