

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brabazon House Nursing Home
Centre ID:	OSV-0000017
Centre address:	2 Gilford Road, Sandymount, Dublin 4.
Telephone number:	01 269 1677
Email address:	susan.anderson@brabazontrust.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brabazon Trust
Provider Nominee:	Graham Richards
Lead inspector:	Nuala Rafferty
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	3

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: 22 February 2017 09:00 To: 22 February 2017 18:00

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

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The provider had recently completed a self assessment tool on dementia care and had assessed the compliance level of the centre as compliant for all outcomes. However, on this inspection, the outcomes for health and social care, rights, dignity and consultation, and premises were found to be moderately non compliant. The outcome for complaints was found to be substantially compliant.

Inspectors found a good standard of care was being delivered to residents in an

atmosphere of respect and cordiality. Residents were warmly and appropriately dressed with great attention to hair and nails. Ladies outfits were nicely accessorized with jewelry and scarves. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviours that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low-key unobtrusive manner. Residents praised staff who they said were approachable and helpful.

The Action Plan at the end of this report identifies some areas for improvement, including premises, care plans and one-to-one activities. These improvements are required to comply 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. These include improvements to assessment and care planning processes.

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 majority of residents were under the care of local general practitioners (GPs), and visits by the doctors from the local clinics were regularly made on referral or on a needs required basis. Access to a range of allied health professionals was also available. Documented visits, assessments and recommendations by a dietician, speech and language therapists, physiotherapists and occupational therapist were viewed. Residents were also reviewed by optician, dental and chiropody services on a regular and as required basis.

Systems to ensure healthcare plans reflected the care delivered and plans were amended in response to changes in residents' health were found, while efforts to plan and deliver care in a person-centred manner were noted. Samples of clinical documentation showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

However, some clinical records viewed did not contain enough detail to ensure they were effectively managing the health problem. Examples included the care plans in place to manage responsive behaviours. These did not fully guide staff. Some positive behavioural support plans did not include the form the behaviours might take, the triggers associated with the behaviour, and distraction or de-escalation techniques to manage the behaviours. Personal emergency exit plans (PEEPs), which identified the level of mobility, and evacuation mode of each resident, were in place. However, these plans did not include the level of cognitive understanding, the need for supervision or the level of compliance of each resident in an emergency situation.

Risk assessments tools to check for signs of clinical and functional deterioration were used including: risk of falls, level of cognitive ability, skin integrity, nutrition, communication, and use of restraints. However, it was noted that some of the assessment tools used were not comprehensive enough, to gather all the information

required, to make a fully informed clinical decision. It was also noted that some were not fully completed. In particular, the inspector noted that the process for making decisions in relation to use of restraints required improvement. Evidence of a clear rationale, on which to base the decision to use a restraint, was not available in all cases. Restraints such as a bed rail, or an electronic device to monitor a resident's movement were in use. A risk assessment form was used to determine the suitability or requirement for use of the device. The inspector looked at several of these assessments and found that the alternatives considered, prior to using the device, were not always identified. Where alternatives were not tried, the reason was not always stated. The risk assessment tool used to determine the capacity of resident to make complex decisions was not sufficiently comprehensive.

The tool being used assessed the ability to remember information, but abilities such as: understanding or interpreting the information was not considered. It was noted that in many instances, the decision to use a restraint was based on clinical needs, However, a form that indicated consent, to use the restraint, was also sought from a resident's next of kin. This created confusion as to the rationale for decisions made, and whether the decision fully meets the guidance of the Department of Health on restraint.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and eating and drinking care plans were in place that outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional intake records were in place, and completed where required. A diet sheet was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, or low calorie.

The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal.

Staff interactions with residents were positive. It was observed that staff engaged residents in conversations throughout the meal. Topics included: enquiries on family and friends, national and local news or events. Staff tried to make the meal an enjoyable experience using their knowledge of residents to raise a laugh or a smile.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff were observed administering medicines to residents and follow appropriate administration practices.

It was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine.

Details of all medicines administered were correctly recorded

It was found that each of the residents had their prescribed medications recently reviewed by their GP.

However, a range of therapeutic dosages were prescribed for some medicines that were administered on an as required basis. For example, the dosage of one medicine was prescribed for administration of between 2.5-5 milligrams. However, guidance for nurses, on the appropriate dosage to administer, either the lower or higher dosage was not available.

Judgment:

Substantially 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 procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

The centre had a detailed policy in place around the prevention, detection and investigation of abuse. The policy outlined the various types of abuse, the roles of staff members and management around prevention, detection and investigation of abuse, and outlined the investigation procedure itself. The inspectors spoke to staff members about the possible occurrence of abuse in the centre and all seemed to know what constituted abuse, and what to do in order to protect residents and report suspected abuse. The staff said that if they suspected any alleged abuse they would report to the clinical nurse manager, the assistant director of nursing or the person in charge. All staff had up to date training or were scheduled to update their training in safeguarding vulnerable adults.

The inspectors spoke to a number of residents throughout the inspection and they all expressed that they felt safe in the centre. The residents explained they thought the staff were helpful and that they would be happy to speak to the staff if they had any issues that they wished to raise.

In practice it was noted that staff spoke to residents with dementia in a calm manner and gave explanations if they seemed unsure. Staff were patient when assisting residents. At one point the inspectors observed a resident who became slightly agitated and confused. Staff successfully de-escalated the situation and reassured the resident.

It was noted that there was a move towards changing the culture in relation to restraint and promoting a restraint-free environment. There was evidence of the use of alternative measures such as low-low beds, mat or bed alarms. Some evidence of alternatives considered or trialled was available, and included or referenced in the assessments or in associated care plans. However, improvements were required and this is detailed under Outcome 1 in this report.

The centre was responsible for managing finances for some residents in the centre. All residents' finances were managed through a specific residents' account. All transactions were recorded and tracked under each individuals file. Any money lodged to the account or any money paid out was signed by two staff members, either administration staff or management. Any resident who had their finances managed received an annual statement of their transactions in and out of the account. The inspectors were satisfied

that the centre had appropriate systems in place to ensure that residents' finances were safeguarded.

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:

Evidence that residents were consulted on the organisation of the centre was found, and residents' rights and dignity were respected. While most residents were provided with opportunities to participate in activities that were meaningful to them, there was evidence to suggest that residents who needed higher levels of support were not always receiving regular activities.

Residents' independence was promoted. Some residents were observed to move around the centre as they wished. Others left the centre to meet with friends or family. The notice board kept residents informed of local news, daily events and activities in the centre. For example it contained information on the local public transport, upcoming events, religious services and the day the GP was due to visit. The inspectors observed some residents referring to the noticed board a number of times throughout the day.

Residents had access to an independent advocacy service. Management informed the inspectors that the advocacy services used previously, remained available, but they were actively trying to arrange a link advocate to be assigned to the centre. Residents' civil rights were respected. Residents in the centre were registered to vote and were assisted to attend the local polling station if they wished to do so. Church of Ireland services were celebrated every three months, in the centre, by the local Chaplin. A number of residents told the inspectors that they enjoyed attending the religious services.

Residents with communication difficulties or with cognitive impairments, had their preference to attend religious services, detailed in their occupation and recreation care plans to guide staff to assist the residents to attend these services. All residents had access to various forms of media. Television, radio, newspapers and internet access were readily available throughout the centre. Inspectors were informed that there was no restriction on visiting times in the centre and that the front lounge was used if a resident wished to receive the visitor in private. Inspectors noted that residents received visitors throughout the inspection.

Activities were planned on a weekly basis. Activities staff informed the inspectors that the plan is based around the likes and dislikes of the residents. Each resident had an

occupation and recreation care plan which was written by the activities staff in conjunction with the residents. These care plans listed the likes and dislikes of the resident, their preferred activities and the level of guidance and encouragement they needed to participate in activities. The weekly activities plan was displayed in a pictorial format in the dayroom. There was also information around additional early morning or late evening activities on the main notice board. For example a men's fry up breakfast, late evening arts and crafts every second Wednesday and a planned historical lecture on the 1916 Easter Rising. On the day of inspection the inspectors observed an arts and crafts session held in the morning and music therapy for residents with dementia in the afternoon. The inspectors were told that external outings occurred approximately 6 times per year.

The activities staff maintained a record of each resident's participation in various activities in order to ensure each resident was afforded enough opportunities to participate in activities. Most of the activities were group based, but some residents, with reduced mobility or cognition, needed alternative activities and inspectors were told that one-to-one activities were provided to these residents. On review of the activities records it was found that the number of one-to one activity sessions provided to these residents were not regular. The number of activity sessions varied, with residents engaged in an activities session on, or between, 3 and 5 times over a two week period. In one case a resident had not taken part in any activity or received a one to one session for a full week. While the activities programme was quite extensive, improvements were required to ensure all residents were provided with equal opportunities to engage with activities, particularly those less able to participate in group activities.

Residents were consulted with around how the centre was run. The resident advisory committee met quarterly. This facilitated residents to bring any issues they may have to the attention of management. The inspectors were informed that before each meeting the residents' representatives on the committee would visit each resident, including those with a diagnosis of dementia, individually to see if they had any issues that they wished to raise during the meeting. The minutes of the last meeting held on 1 February 2017 were displayed on the notice board.

CCTV was in place both internally and externally in the centre. A sign was placed in a prominent position to inform all visitors of its use. However, it was found that camera's were in place in communal areas such as sitting and dining areas which may be in breach of the Data Protection Acts of 1988 and 2003 in respect of the right to privacy. The inspectors were shown that the CCTV monitors were not viewed on an ongoing basis. The recording system was on a 30 day loop and linked to a computer terminal in a locked room. Only the property services manager had access to the computer and the password to view the recordings. The reasons given for use of the CCTV in these areas were for security and safety, although, the inspector noted that these areas were well supervised by staff. This was confirmed by the assistant director of nursing who advised that a staff person remained in the sitting or dining rooms at all times when residents were present. It was also noted that there were cameras in place on the corridors leading to and from these areas. The inspector considered that the use of cameras within these communal rooms was difficult to justify as there were no recent security breaches and low levels of resident falls. The centre policy did not reflect the responsibility of the provider, to be proportionate in the use of CCTV generally, and

particularly in communal areas.

Judgment:

Non Compliant - Moderate

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:

The complaints of residents were listened to, recorded and acted upon, however there were some improvements required around the detail recorded in verbal complaints.

The centre had a policy in place to deal with the management of complaints. The policy outlined that the centre recorded both verbal and written complaints. The policy outlined that the person in charge was the designated person responsible for managing complaints in the centre. There was also an internal and independent appeals process outlined in the policy. The centre had displayed the procedure for making a complaint near the front entrance of the centre. The procedure was displayed at eye level making it accessible to residents. The procedure clearly outlined the steps required to make a verbal or written complaint and was reflective of the information contained in the policy.

The inspectors reviewed the record of complaints for 2017 and found that verbal complaints and the actions taken in response to the complaint were being recorded, however there was some improvement required around the details being recorded. In some cases it was not recorded if the complainant was satisfied with the outcome of the complaint or if the complaint was in progress or had been closed. The inspectors were informed that there had been no formal written complaints received in the centre in 2016 or 2017.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

Suitable and sufficient direct care staffing and skill-mix were in place to meet the needs of the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided, primarily within the current staff complement.

The inspectors reviewed the staff training records. The inspectors were satisfied that there were appropriate systems in place to ensure all staff received up to date mandatory training. The inspectors found that all staff had received up to date training in the areas of fire safety, moving and handling and patient handling. It was noted that four staff members didn't have up to date training in safeguarding vulnerable adults, however management in the centre had already identified this and had scheduled the staff members to attend training in the first week of March. All other staff had received up to date training in elder abuse. It was also noted that the majority of staff members had received additional training in dementia care in 2016.

Effective staff supervision and development processes were in place and there was an emphasis on team spirit. Good recruitment processes were in place including a Garda Síochána (police) vetting process.

Samples of five staff personnel files were reviewed. The selected staff files all contained the requirements of schedule 2 of the regulations. The inspectors were informed that all staff were Garda vetted before commencing work in the centre. This was confirmed on review of the staff files for three of the most recently hired employees, where evidence of Garda vetting was in place. The inspectors verified that all nurses were registered with the Nursing and Midwifery Board of Ireland for 2017

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Findings:

The centre consisted of 40 single bedrooms, three twin and two three bedded rooms over two floors. The premises were fully reviewed at the last registration inspection and inspectors were told that no structural changes have taken place since then. A variation to increase capacity by one was granted in February 2017, where one bedroom,

previously used as a twin was changed to single use to facilitate a resident's choice. With the exception of the triple bedrooms and improvements required to make three single bedrooms accessible to residents with reduced mobility, the premises were found to be suitable for its stated purpose.

There were three single rooms on the second floor with steps up to them. Residents living here were all assessed for the ability to negotiate the steps independently as required by Condition 8 of the registration granted in 2015. The provider had made efforts to further improve accessibility by installing a chair lift onto each section of steps leading to these rooms. However, these rooms remain limited in terms of meeting the needs of residents who are not independently mobile.

The two three-bedded rooms were near the nurses' station, allocated for residents with high to maximum dependency. These were spacious with plenty of storage space and contained a wash-hand basin. The provider was aware of the limitations of all of these rooms. The provider and person in charge were aware of the requirements of the national standards for older people 2021 in terms of meeting the assessed needs of residents while ensuring privacy and dignity.

Inspectors informed the provider and person in charge that a time-framed, costed plan would be required to address the deficiencies going forward.

With these exceptions, the overall design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents with several areas of diversion and interest.

Residents' bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in resident's bedrooms and communal rooms, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was of a high standard. Maintenance staff were observed on site at the centre. They attended to daily reports from staff and upkeep of the premises.

Assistive equipment was in place and available for use and in good working order and service records were in place.

All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for valuables. Privacy screening was in place in twin and triple rooms. A lift was available centrally for moving between floors. Facilities also included: a hair salon, snoozelen room, and a small library. Dining space was suitable for the number of residents. There were two living rooms and seating space in the reception foyer. There were adequate areas of diversion and interest with private space in which residents could receive visitors.

Signs to identify the function of some rooms were in place and the name of each resident was visible on their bedroom door, although the signs were not at eye level making them difficult for residents' to notice. Picture cueing on menus and activity programmes and other communication notices were also used. However, improvements to make the centre more easily accessible to residents with dementia were required. Signage with pictures was not in place on some toilet, bathroom or bedroom doors.

Contrasting coloured toilet seats were in place in some, though not all communal toilets. A colour contrast scheme for toilets and bathrooms, to differentiate these from bedrooms was not in place. Contrasting colours make it easier for people with dementia to recognise and remember room locations. The patterns on some floor carpets were not subtle and could affect the orientation of some people with dementia.

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:

Nuala Rafferty
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:	Brabazon House Nursing Home
Centre ID:	OSV-0000017
Date of inspection:	22/02/2017
Date of response:	11/04/2017

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:

Complete comprehensive assessments were not carried out for each resident in respect of every identified need.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of

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

a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

All Care Plans have been reviewed ensure they all reflect practice on the floor. To ensure they inform all staff of the steps to follow in delivering care to each resident. Care plans have also been reviewed to ensure they reflect changes noted in resident assessments.

A new consent form around the use of restraint has been introduced and completed for all residents using restraint. This demonstrates that the decision to use restraint has been made by the multi-disciplinary team. The number of bed rails has been reduced. Resident safety is ensured by using alternative methods: All beds have a very low setting this is used when residents are in bed at night; crash mats are used and whenever necessary bed alarms are used.

Clinical Risk training (D.I.C.E.S.) has commenced and will continue in the coming weeks to ensure all staff are fully risk aware and competent to make decisions around safety.

Proposed Timescale: 11/04/2017

Theme:

Safe care and support

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

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Measures have been put in place to ensure nursing staff are aware of their responsibility on an individual basis in relation to Care Planning. There has been:

- A complete review of all Care Plans. This ensures they accurately guide all staff to ensure continuity of care continues and that good practice on the ground is reflected in each care plan.
- Care Plans now clearly set out the path the staff should follow to ensure the resident is given the best care. In the case where a resident is anxious or unhappy guidance is given as to the interventions used to help reassure them and calm them down. Interventions are used that have been proved to work and reassure in the past with the specific residents.
- Monthly auditing of Care plans will continue to ensure they are maintained at the required standard.
- Monthly staff meetings will include review of these audits.
- The responsibility of each staff nurse will be included and reviewed during their

appraisal meetings.
Proposed Timescale: Complete but ongoing process.

Proposed Timescale: 11/04/2017

Theme:
Safe care and support

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

Supporting guidance for all medications prescribed was not sufficiently specific to guide nursing staff on the administration of all medication.

3. 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:

The medications have been reviewed by the GP to ensure they are prescribed in a way that is clear. The details of preferred doses are included in care plans to ensure the nurses make informed choices. At all times the lower dose should be used and only repeated after a specific time if symptoms do not reduce.

The pharmacist reviews all medication sheets; prescriptions and documentation monthly.

Nursing Staff complete annual medication training.

A monthly audit and review of medication management is done and outcomes are discussed by the nursing staff at the monthly staff meeting.

Proposed Timescale: 11/04/2017

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:

Not all residents were receiving equal opportunities to participate in activities based on their assessed capacity. Some residents less able to participate in group activities did not have equal or regular opportunities to engage in alternative activities.

4. 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:

Assessments and Care Plans for all activities will be fully reviewed to ensure all residents preferences are reflected in their care plan. Offers of one to one activities will be carefully documented and occasions when they are declined will also be carefully documented.

A great deal of effort has gone into developing and improving our activities programme. This effort will be ongoing to ensure we offer meaningful activities for all our residents.

Proposed Timescale: 11/04/2017

Theme:

Person-centred care and support

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

CCTV camera's were in place in communal areas such as sitting and dining areas which may be in breach of the Data Protection Acts of 1988 and 2003 in respect of the right to privacy

5. 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:

Careful consideration was given to the implementation of CCTV. We engaged a PSA licenced contractor with certifications in CCTV installation, security management and data protection. CCTV cameras are outside the premises and constantly record and monitor the outdoor and access areas. These are used to provide a safe and secure environment at all times.

With regard to cameras located in the sitting and dining communal areas these were found to be of benefit to both residents and staff alike. Whilst staff supervision is maintained at a high level experience has shown that the cameras are of benefit in clarifying and dealing with occasion where there has been a negative incident which has impacted resident safety. Privacy is completely respected. These areas are not viewed live. Recorded footage is stored for circa one month and then discarded. Access to the recording is limited to the data controller. A control system is in place by supervision and in the event of any clarification of events for the benefit of all parties the CCTV system can be checked. The CCTV is visual images only and no sound is recorded.

Privacy and dignity is strictly observed. Learning from adverse incidents is very important as it has found to decrease the risk of further negative events. The primary objective is to deliver the best care possible for residents and the best workplace possible for staff. Privacy and dignity is paramount as is safety and security. We have considered the matter carefully and have implemented our controls proportionate to the risks involved.

It is therefore the opinion of the Staff and Committee that the retention of these cameras is important. We are comfortable that there is no breach of the Data Protection Acts of 1988 and 2003 in respect of the right to privacy. We would ask you to consider this request.

Proposed Timescale: 11/04/2017

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

Complaint records did not always detail if the complainant was satisfied with the outcome of the complaint. It was also not always clear if a complaint was closed or still in progress.

6. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Our complaints process has been reviewed and improvements implemented. Currently we have no serious complaints to deal with and we will endeavour by providing a high standard of care to ensure this continues.

However, on a day to day basis we deal with resident issues which are resolved immediately. Documentation has been improved and going forward we will ensure all issues however small are carefully logged by staff.

The process used to resolve the issue and recognition of resident satisfaction with the solution will be carefully recorded. Complaints/Issues will be continued to be discussed as is our practice at daily and monthly staff meetings.

A concerted effort is now being made to improve our complaints process.

A process is now in place to demonstrate that if there are no issues these is also documented. This ensures clarity for all staff.

Proposed Timescale: 11/04/2017

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:

Dementia friendly signage and colour cueing elements were required to meet the assessed needs of all residents with dementia.

7. 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:

Since our inspection directional signage on back order with our supplier has been delivered and is now in situ. Additional signage is still awaited and expected in the coming weeks.

We are working with our in house maintenance team to colour code specific areas in the home. Bathroom/toilet doors will be painted different colours for ease of recognition by residents with Dementia. We will ensure all toilet seats and grab handles are a contrasting colour for ease of recognition.

Proposed Timescale: 30/06/2017

Theme:

Effective care and support

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

The premises did not fully meet the requirements of the regulations as set out in Schedule 6.

8. 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:

We are aware that two of our rooms are three bedded and in 2021 they may no longer comply with regulations. However, these two rooms suit the needs of the residents who currently occupy them. Privacy is ensured given the configuration of the rooms.

Currently we are examining ways of turning our two roomed units to single rooms in an effort to maintain our current registered number of 51 beds. This plan will be drawn up in full consultation with an architect and full costings and drawings will be submitted to the Authority.

This work will be included in our ongoing strategic planning and budget requirements.

Proposed Timescale: 30/09/2017