<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kenmare Nursing Home 'Tir na nOg'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000239</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Killaha East, Kenmare, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 664 1315</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:nursinghome@eircom.net">nursinghome@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Tim Harrington</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Tim Harrington</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 June 2017 09:00 To: 27 June 2017 15:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

Kenmare Nursing Home 'Tir na nOg' is a 22 bedded nursing home situated approximately two kilometres from Kenmare town. On the day of inspection, occupied bedroom accommodation comprised 6 single and eight twin bedrooms.

This was a follow-up inspection to an inspection carried out in January 2017. The inspection was carried out in response to an application to vary the conditions of registration following the construction of a new wing and the reconfiguration of some of the existing premises. Plans were in place to increase the capacity of the centre from 22 residents to 27, however, further work was required before this could be achieved.

On the day of the inspection, significant construction work was underway, but was not yet complete. A new wing had been built that contained 10 single bedrooms, each of which was en suite with a toilet and wash hand basin. The wing also contained a communal bathroom with a shower, toilet and wash hand basin. There was a newly constructed dining room which appeared to be adequate in size to meet the needs of the proposed number of residents to be accommodated in the centre.
when all works were complete. A new sluice room and a laundry room had also been built, however, they were not yet fitted with appropriate equipment, such as a sluice machine, sluice sink, washing machines or dryers.

A number of the required improvements from the previous inspection were now satisfactorily addressed. For example, the times for administering medications written on the prescription sheets and medication administration records were now in concordance. There were adequate records in relation to financial transactions of small sums of money on behalf of residents. All complaints were now recorded and there was adequate detail in the complaints record, including the satisfaction or otherwise of the complainant with the outcome of the complaints process.

While many of the actions were addressed, others, predominantly in relation to the design and layout of the premises, remained outstanding. For example, there was inadequate sluicing facilities, there was inadequate communal space, there was inadequate storage facilities, curtains did not extend all the way around some beds to support privacy and a number of curtains were disposable, which did not contribute to a homely environment.

Additional areas that required improvements included:
• infection prevention and control practices
• programme of activities
• staff training in manual handling

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.
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: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written Statement of Purpose available to residents and relatives. It contained all of the information required by Schedule 2 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.

**Judgment:**
Compliant

**Outcome 05: Documentation to be kept at a designated centre**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There were up-to-date operational policies as required by Schedule 5 of the regulations.
which had most recently been reviewed in 2016. The centre maintained the records listed under Schedule 2, and 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) regulations 2013. At the last inspection it was identified that, from a sample of personnel files reviewed, one contained a gap in employment history for which there was no satisfactory explanation recorded. On this inspection this issue was satisfactorily addressed.

**Judgment:**
Compliant

---

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

**Theme:**
Safe care and support

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

**Findings:**
There was an up-to-date policy on recognising and responding to suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe and would have no problems reporting any concerns, should they have any. At the last inspection it was identified that not all staff had received up-to-date training on recognising and responding to abuse. Training records viewed on this inspection indicated that all staff had now received up-to-date training.

The centre held small sums of money for day to day expenses for a number of residents and the inspector saw evidence that adequate records were maintained. The inspector reviewed a sample of these records. At the last inspection it was identified that in order to enhance and improve the governance of finances it was advisable to have the person in charge countersigning these records, as well as the centre manager. This issue was satisfactorily addressed on this inspection and records indicated that the person in charge countersigned for all transactions.

There was a policy on behaviours that challenge. At the last inspection it was identified that, while staff were knowledgeable of how to prevent and de-escalate responsive behaviour, not all staff had attended appropriate training. Training records viewed on this inspection identified that all staff had attended this training.

There was a commitment to a restraint free environment and person-centred care in the centre and there was an up-to-date policy on the management of restraint. There was evidence that the use of restraint was in line with national policy. There were a small
number of residents that had bedrails in place and a sample of records viewed indicated that a risk assessment was carried out prior to the use of bedrails and alternatives were explored prior to the use of bedrails or where bedrails were deemed to be unsuitable. Records indicated regular safety checks of residents while bedrails were in place. At the last inspection it was identified that an assisted chair had an attached table top that was at times used as a form of restraint for one resident. There was not an adequate assessment carried out and there was not a full assessment of the resident prior to the use of this restraint and there was not suitable monitoring, recording and reviewing of this restraint. On this inspection the table top was no longer in use and the resident was restraint free.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
There was an up-to-date risk management policy and associated risk register that outlined risks and the control measures in place to mitigate the risks identified. The risk management policy included the requirements of regulation 26(1) and outlined the measures and actions in place to control the risks specified in the regulations. At the last inspection it was identified that the risk management policy was not adequate as there was no environmental risk assessments completed. On this inspection the risk register had been updated to include environmental hazards that had not been previously identified such as the location of the kitchen, cables from air mattresses, doorways, the storage of clinical waste, and the arrangements for storing latex gloves in residents' bedrooms and bathrooms. Issues that were satisfactorily addressed since the last inspection included:
• the replacement of domestic type taps with lever type taps to support good hand washing technique
• the temporary storage of a clinical waste bin in a cupboard out of view of residents
• the removal of mould from some ceilings that were newly painted.

On the day of the inspection building works were underway, however, they were not completed and a number of issues identified on previous inspections remained, including:
• there continued to be no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode
pans
• commodes were stored in bathrooms
• linen skips were stored in bathrooms
• a hoist was stored in a resident en suite.

The inspector noted urine bottles in at least two communal toilets, which was not good infection prevention and control practice. While there was a risk assessment completed in relation to the storage of gloves in residents' bedrooms, the inspector was not satisfied that it was an appropriate place to store gloves. The inspector noted that there were two to three boxes of gloves stored in most bedrooms.

Records viewed by the inspector indicated that most staff had received up to date moving and handling training however, one recently recruited staff member and one existing staff member required training. It was also noted that one staff member had attended training but had not satisfactorily completed the entire programme. This issue is actioned under outcome 18 of this report.

Judgment:
Non Compliant - Moderate

**Outcome 09: Medication Management**
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The medication trolley was secured and the medication keys were held by the nurse on duty. Compliance aids were used by nursing staff to administer medicines and medication administration practices observed by the inspector were in compliance with relevant guidance. The inspector reviewed a sample of prescription and medication administration records. Medication administration records identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medications. The medication prescription charts also included the resident's photo, date of birth, GP and details of any allergy. At the last inspection it was identified that the times for medications to be administered written on the prescription sheets were not in concordance with the times recorded on the medication administration record. On this inspection it was noted that the times on prescription sheets and administration records now matched.

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

Theme:
Effective care and support

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

Findings:
Kenmare Nursing Home 'Tir na nOg' is a 22 bedded nursing home situated approximately two kilometres from Kenmare town. On the day of inspection, occupied bedroom accommodation comprised 6 single and eight twin bedrooms. Significant construction work was underway, but was not yet complete. A new wing had been built that contained 10 single bedrooms, each of which was en suite with a toilet and wash hand basin. The wing also contained a communal bathroom with a shower, toilet and wash hand basin. On the day of the inspection, 5 of the bedrooms were furnished with a bed, a bedside locker with lockable storage, a wardrobe and a chest of drawers. The other 5 bedrooms would be furnished with furniture from bedrooms in the pre-existing premises when residents were being transferred from there to the new wing. This inspection was carried out in response to an application to vary the conditions of registration and to seek approval from the chief inspector for these new bedrooms to be occupied. This would result in the decommissioning of 6 bedrooms, three single and three twin, that were deemed to not meet the needs residents on previous inspections. A new call bell system was in place and was seen to be operational. The inspector was satisfied that these new bedrooms were adequate in size to meet the needs of residents and had adequate space for storage of furniture and personal belongings and possessions.

There was a newly constructed dining room which appeared to be adequate in size to meet the needs of the proposed number of residents to be accommodated in the centre when all works were complete. While construction of the dining room was complete, it was not yet furnished and was in need of a deep clean. Curtain poles and curtains were not yet installed. The inspector was informed that this was being done in the days following the inspection.

A new sluice room and a laundry room had also been built, however, they were not yet fitted with appropriate equipment, such as a sluice machine, sluice sink, washing machines or dryers. The inspector was informed that these were to be fitted in the days following this inspection.
Communal space comprised a sitting room, situated at the front of the building with pleasant views of the surrounding countryside. This room was not adequate in size to meet the needs of residents living in the centre. However, planned work included the construction of an additional sitting room adjacent to the existing room. Additional planned work included the decommissioning of three bedrooms that did not have external facing windows and their conversion to a store room, a treatment room, and an office. A twin bedroom was being decommissioned to be used as a corridor between the new wing and the existing building. This would also allow for expansion of two adjacent twin bedrooms that are currently not adequate in size as twin rooms. The provider was advised to submit a detailed costed plan with associated timelines for the completion of all proposed additional works.

Sanitary facilities in the older part of the premises comprised two toilets, each one containing a wash-hand basin; three shower rooms, each one containing an assisted shower, toilet and wash-hand basin; two of the twin bedrooms were en suite with a toilet and wash-hand basin; and there was also a staff toilet.

While work was underway on some previously identified deficits in the premises, it was not yet complete and other works were still in the planning stage. Required improvements included:

• the was no sluice room or suitable sluicing facilities
• there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
• there was inadequate storage facilities for equipment, resulting in hoists and wheelchairs being stored in shower rooms and bedrooms
• curtains did not extend all the way around some beds to support privacy
• a number of curtains were disposable, which did not contribute to a homely environment.

The centre appeared to be clean throughout. Residents had access to appropriate equipment such as hoists, wheelchairs and speciality beds and mattresses.

Judgment:
Non Compliant - Major

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

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
There was a complaints policy and the complaints' procedure was prominently displayed in the main entrance hallway. The person in charge was the designated complaints officer and the centre manager was identified as the independent appeals process.

Staff spoken with were familiar with the procedure for receiving and recording complaints. At the last inspection it was that there were only two complaints recorded in 2015 and one complaint recorded for 2016. The person in charge agreed to review this low level of recorded complaints. On this inspection there were three complaints recorded in the previous five months. The complaints record included details of the complain, the investigation of the complaint, the outcome of the complain and whether or not the resident was satisfied with the outcome of the complaint.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Staff were observed interacting with residents in an appropriate and respectful manner. Staff addressed residents by their preferred names and spoke in a clear, respectful and courteous manner. The privacy and dignity of residents was respected during care provision, insofar as the premises would allow, however, as identified on previous inspections, due to the inadequate size of three of the twin bedrooms and the close proximity of beds to each other, residents' privacy was significantly compromised.

Residents' religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers.

At the last inspection it was identified that there were limited opportunities for residents to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. Following that inspection a review of the activities programme was undertaken. The inspector viewed the activities timetable which included a visit by a physiotherapy weekly, bingo, chair exercises and ball games. A new
music based programme designed for residents with dementia had recently been commenced by a volunteer. The volunteer was due to commence as an employee the week after this inspection to provide predominantly one-to-one activities for two hours each day from Monday to Friday. The provider was requested to review activities as the inspector observed residents sitting in the sitting room throughout the morning with minimal stimulation.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes.

At the last inspection it was identified that a number of staff had not attended mandatory training in areas such as safeguarding, responsive behaviour and manual handling. On this inspection it was identified that all staff had attended training in safeguarding and responsive behaviour, however, a small number of staff did not have up-to-date training in manual and people handling.

An actual and planned roster was maintained in the centre. Based on observations in the centre, from speaking to residents and staff and a review of the staff rosters, the inspector noted that there were adequate staffing arrangements in place. However, the provider was requested to review staffing in the context of the new design and layout of the centre, particularly during the transition of residents from the old part of the centre to the new. The provider was requested to submit this plan in support of the application to vary the conditions of registration.

Judgment:
## 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:

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Kenmare Nursing Home 'Tir na nOg'
Centre ID: OSV-0000239
Date of inspection: 27/06/2017
Date of response: 25/07/2017

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 08: Health and Safety and Risk Management

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of improvements were required in relation to infection prevention and control, including:
• there continued to be no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans
• commodes were stored in bathrooms

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
• linen skips were stored in bathrooms
• a hoist was stored in a resident en suite
• urine bottles were stored in a number of communal bathrooms
• gloves were stored in residents' bedrooms.

1. **Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
1. Sluice room is now completed
2. Once building works are completed we will have adequate storage for commodes, linen skips and hoists
3. We will now be using disposal urine bottles, so this will be longer be an issue
4. All gloves from all bedrooms have been placed in store cupboard and informed all staff that they must take from there as and when required while doing intimate care, until an alternative can be arranged.

**Timescale**
1. 11th July 2017
2. 30th September 2017
3. 28th July 2017
4. 31st August 2017

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

---

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While work was underway on some previously identified deficits in the premises, it was not yet complete and other works were still in the planning stage. Required improvements included:
• the was no sluice room or suitable sluicing facilities
• there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
• there was inadequate storage facilities for equipment, resulting in hoists and wheelchairs being stored in shower rooms and bedrooms
• curtains did not extend all the way around some beds to support privacy
• a number of curtains were disposable, which did not contribute to a homely environment
• dining facilities were temporarily unavailable.

2. **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:**
1. Sluice room now completed
2. Once building works are completed we will have a visitors room
3. Once building works are completed we will have more storage space for equipment
4. Once these bedrooms have been structurally altered, curtains will provide adequate privacy
5. Once building works are completed we will be looking into changing back to the original material curtains
6. Dining room is now complete

Timescale
1. 11th July 2017
2. 30th September 2017
3. 30th September 2017
4. 30th September 2017
5. 31st December 2017
6. 11th July 2017

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

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

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider was requested to review activities as the inspector observed resident sitting in the sitting room throughout the morning with minimal stimulation.

**3. 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 new staff member has been employed to help with activities, and we are currently reviewing all activities provided throughout the day.

**Proposed Timescale:** 20/08/2017

### Outcome 18: Suitable Staffing

**Theme:**

---

Page 16 of 17
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider was requested to review staffing in the context of the new design and layout of the centre, particularly during the transition of residents from the old part of the centre to the new. The provider was requested to submit this plan in support of the application to vary the conditions of registration.

4. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Once building works are complete and we are registered for 27 residents the following staffing changes will be made:
We will have 1 additional staff member on during the day for 2 hours to help with activities.
We will have 1 additional staff member with food safety training on during the day for 2 ½ hours to help alleviate work in the kitchen
We will have 1 Care Assistant on during the day for 11 ½ hours to help with Residents.
We will have 1 extra Housekeeping staff member on for 5 hours per day

Our staffing levels and mix is something that changes from time to time based on the dependency levels of our Residents.

Proposed Timescale: 30/09/2017

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff did not have up-to-date training in manual and people handling.

5. 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:
We have booked training now in manual and people handling

Proposed Timescale: 19/09/2017