

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Millhouse Care Centre
Centre ID:	OSV-0000252
Centre address:	Newtown Commons, New Ross, Wexford.
Telephone number:	051 447 200
Email address:	nursing@millhousecarecentre.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clearwood Property Management In Receivership
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	13

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: 13 March 2017 10:00 To: 13 March 2017 19:00

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

Summary of findings from this inspection

This was the second dementia thematic inspection to be carried out in this centre. The purpose of this was to review the actions required from the previous inspection and seek assurance that each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care and appropriate medical, health and social care.

Inspectors met with residents and staff members during the inspection. The journey of a number of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Millhouse Care Centre is a purpose-built two-storey centre, which provides residential

care for 62 people. Approximately 47% of residents have dementia.

A major non-compliance was merited in relation to Outcome 2 Safeguarding and Safety. Findings on this inspection did not provide adequate assurances that residents with responsive behaviours were appropriately supported and managed and as such posed a risk to themselves or other residents. This was discussed in detail with the provider and person in charge. The use of restraint still required review to ensure compliance with national guidelines.

Outcome 1 Health and Social Care Needs also received a judgment of major non-compliance. Care plans were in place although many were not detailed enough to guide care practices. Improvements required from the previous inspection relating to care planning documentation had not been addressed within the agreed timescale. Improvements were required to address the health and social care needs of residents.

Inspectors found that at the time of inspection, there was insufficient staff to meet the needs of residents. The results from the observations indicated that the majority of staff interactions resulted in neutral care.

All of the issues identified on this inspection are outlined in further detail in the body of the report. The actions required are included at the end of the report.

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):

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

Findings:

Inspectors found that improvement was required to ensure that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing and allied health care.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. However, in view of the findings under Outcome 2, inspectors questioned if the pre admission assessment was sufficiently robust to ensure that the centre could meet the needs of residents with more complex health needs. A care plan was developed within 48 hours of admission based on the resident's assessed needs. However, improvement was required in this area and actions required from the previous inspection were not completed within the agreed timescale.

Inspectors reviewed wound management practices and saw that although recent improvements had occurred, further improvement was required. Wound assessment and treatment charts were in place and residents had access to the services of a tissue viability nurse. However inspectors saw in one case that although the resident had several small wounds there was no care plan in place for this.

Inspectors found several examples of these types of inadequate documentation and practices. In relation to one resident who had a serious medical diagnosis, there was no care plan in place to support a consistent approach to the care and management of this resident's condition. These issues were discussed in detail with the provider nominee and person in charge at the feedback meeting.

Inspectors also noted that there was limited evidence that care plans were reviewed following consultation with the resident or, where appropriate, their relative.

Inspectors found that improvement was required to ensure that residents' nutritional needs were met. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a regular basis. However, inspectors saw that the recommendations of the dietician were not consistently incorporated into the care plans or practices. For example, a resident was seen by a dietitian who recommended that regular weights were recorded, meals were fortified and food intake records were maintained. Inspectors found no evidence that these were implemented. Inspectors noted that the resident continues to lose weight and requested that this be addressed.

Inspectors also noted that adequate assistance was not available in the memory unit on the first floor to assist residents at meal times. Inspectors saw that some residents did not get their meal in a timely manner as assistance was not available. This is discussed in more detail under Outcome 5.

Inspectors found that improvement required from the previous inspection relating to modified consistency menu choices had been achieved. Inspectors saw that residents who required their meals in a modified consistency had the same choices available to them as other residents.

Inspectors were satisfied that medication management practices were safe. Having reviewed a sample of completed prescription and administration records, inspectors found they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. Inspectors checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. Action required from the previous inspection relating to end of life practices had been addressed. Inspectors saw that residents were now offered the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided.

Previous initiatives relating to end-of-life care continued. Staff spoken with confirmed that the centre received support and advice from the local palliative care team.

Judgment:
Non Compliant - Major

Outcome 02: Safeguarding and Safety

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:

Inspectors found that sufficient measures were not in place to protect residents from being harmed or suffering abuse. This was in relation to the use of restraint and managing responsive behaviours.

Some actions required from the previous inspection around the use of restraint had not been addressed. Inspectors reviewed the care plans of residents who were using bedrails and lapbelts and found that, as was found at the previous inspection, the care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use. In addition there was no documented evidence that safety checks were completed when bed rails were in use. Inspectors noted that usage was low and additional equipment such as low beds and crash mats were in use to reduce the need for bedrails.

There were policies in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Due to their complex medical conditions, some residents showed responsive behaviours. Inspectors saw that in most cases assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. However, inspectors found that in one case, no care plan was in place to guide care practices. No triggers were identified and no interventions strategies were listed. Staff who spoke with inspectors gave conflicting management strategies to what was observed. For example, one staff member told inspectors that the resident did not like the noise in the dining room and preferred to eat in the bedroom or away from the other residents. Inspectors saw that this resident was brought into the dining room at both dinner and tea time.

Inspectors also noted that there were insufficient safeguards in place to protect residents. Inspectors observed several incidents where residents were physically and verbally aggressive towards other residents. Inspectors saw that residents were visibly upset by this. Inspectors also saw that residents didn't feel safe and they moved out of the way when other residents approached. Inspectors were concerned that there were insufficient safeguards including staff in place to keep residents safe and to support residents who had behavioural issues. The level of supervision was not adequate. This was discussed in detail at the feedback with the provider nominee and the person in charge.

Additional support and advice were available to staff from the psychiatric services.

The provider was an appointed agent for some residents who were unable to manage their financial affairs. The provider nominee was aware of his obligations as an

appointed person and he discussed plans underway to change the current system to provide additional safeguards to residents. Inspectors reviewed the current system and saw that all deposits and withdrawals were documented and balances checked were correct.

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

Judgment:

Non Compliant - Major

Outcome 03: Residents' Rights, Dignity and Consultation

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:

Inspectors were not assured that residents with dementia were facilitated to communicate and exercise their choice and control over their lives and to maximise their independence. The findings from this inspection do not evidence that residents, particularly those with dementia, had opportunities to participate in meaningful activities in line with their capabilities, interests and preferences.

In response to findings from the previous inspection, actions were put in place to ensure residents were consulted with regarding the organisation of the centre. A Residents' Forum was organised on a bi-monthly basis, and minutes viewed by inspectors indicated that it was attended by residents, relatives and staff. A survey of residents' and relatives' views was recently distributed. While the person in charge is currently awaiting further responses, the surveys received to date are largely positive.

The screening of shared rooms had been refitted to ensure that each resident is facilitated to undertake personal activities in private, and this had been identified as an action in the previous inspection.

Two activity co-ordinators provided an activity programme to residents on the ground floor and first floor. An average of one activity in the morning and two activities in the afternoon were scheduled weekly and these were a combination of one-to-one and group activities. A range of activities designed to engage residents with dementia were included in this schedule. On the day of the inspection, a rosary and arts and crafts were being held in the morning on the ground floor, while bowling and one-to-one activities were being held in the afternoon. On the first floor on the same day, rosary was scheduled for the morning and bowling and one-to-one activities were scheduled for the

afternoon. While inspectors acknowledge that only one activity co-ordinator was rostered to work on the day of the inspection, there did not appear to be an adequate system in place to ensure residents engaged in activities while activity co-ordinators were not working. The inspectors did not observe meaningful activities taking place on the first floor: while a ball game was observed, a minimal number of residents were seen to engage in the activity.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in both dining-rooms and an activity area. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. Inspectors' observations concluded that while there was some evidence of positive connective care with individual residents, this finding was not evident for many residents with dementia. Not all opportunities were taken when completing tasks of care to positively engage with residents. There were numerous occasions where staff interrupted their care of a resident to provide care to another, and occasions where individual residents were requested to wait for attention until staff completed care activities or supervision of other residents. This finding did not reflect a high standard of person-centred care that respected residents' dignity.

Residents were facilitated to receive visitors in private. At the request of residents, a visiting restriction was put in place at mealtimes and inspectors observed this being respected by visitors. Residents had access to a private telephone, with some phones being installed in residents' rooms for their convenience. The person in charge outlined the arrangements in place to facilitate residents to vote in the centre, and to exercise their religious rights.

Residents had access to independent advocacy services.

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:

Inspectors were satisfied that the complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure.

Inspectors read a sample of complaints received and found that they were managed in

line with the policy in place. Some were still open and investigations were underway. HIQA had also received some information and inspectors saw that some of the issues raised had been brought to the complaints officer and were had been investigated through the complaints' procedure.

A summary of the complaints' procedure was on display prominently in the front foyer.

Judgment:

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:

The findings of this inspection did not provide assurances that the staffing levels and skill mix complement met the assessed needs of all residents, particularly residents that were accommodated in the memory unit.

Inspectors' observations throughout the day of the inspection indicated that staffing levels were not sufficient to provide person-centred nursing and social care, or to adequately supervise residents. Inspectors observed several instances where staff were interrupted while providing care to individual residents in order to attend to the needs of other residents. This was particularly apparent at mealtimes, where assistance being provided to residents was repeatedly disrupted when staff were diverted to attend to other residents.

A training matrix was provided to inspectors for review, which indicated that all staff had received up-to-date mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Training records indicated that most staff had received training in dementia care and responsive behaviours within the last two years. Training in medication management, infection control, CPR and falls prevention was also being completed by staff members.

A sample of staff files was reviewed by inspectors, and while these were found to contain most of the information outlined in Schedule 2 of the regulations, some gaps in documentation were identified. One of the files contained one written reference instead of two as required by the regulations. Although the employee was recently recruited, this reference was a number of years old. Another staff file did not contain documentary evidence of the qualification relating to their discipline. All staff files reviewed were found to contain evidence of Garda Síochana vetting.

Inspectors were provided with documentary evidence of up-to-date registration with An Bord Altranais for all nursing staff.

There was an induction programme in place for newly-recruited staff, which included training, supervision and performance reviews at designated intervals. All staff also underwent a performance appraisal on an annual basis.

An actual and planned staff roster was in place, with any changes clearly indicated.

An Garda Síochana vetting had been obtained for all volunteers operating in the centre, and roles and responsibilities were set out in writing.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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:

Overall, the premises was clean, well-maintained and met the needs of the residents. However, improvement was required to ensure that the premises promoted the dignity, independence and wellbeing of residents with dementia. Inspectors acknowledge that a reconfiguration of the centre recently took place, and efforts to decorate the centre in an appropriately therapeutic manner are ongoing. Some improvement was required to ensure that appropriate storage was available.

The centre is a purpose-built two-storey centre, with a memory unit on the second floor. There are 54 single bedrooms with full en suite toilet and shower facilities and a small number of twin bedrooms with similar en suite facilities. In addition to this there are a number of toilets and bathrooms throughout the building.

The centre contains a number of dining rooms and activity areas. An oratory and a library are also located in the building, and an enclosed courtyard is accessible from the ground floor.

The centre is largely decorated in a homely and comfortable fashion. Large paintings and smaller pictures are displayed at various areas throughout the building, as are artworks created by residents and photos of recent activities and events. Some rooms were decorated in a personalised manner, and contained clocks and calendars to orientate residents to place and time. While a small number of bedroom doors displayed signage personalised to the residents, improvement was needed to ensure that residents were supported in locating their rooms where required.

A lift provided access between the ground floor and first floor, and handrails were available in all circulation areas. Signage was available at eye-level to indicate the presence of toilets, and inspectors were told that further signage had been ordered to assist residents in locating communal rooms. The use of colour could be enhanced to support residents with dementia, for example, on corridors, or on grab rails in toilets and shower rooms.

While most furnishing and fittings were well-maintained, the material covering the foot-rest area of one chair was noticeably damaged and therefore could not be adequately cleaned.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Millhouse Care Centre
Centre ID:	OSV-0000252
Date of inspection:	13/03/2017
Date of response:	02/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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:

There were no care plans in place to address some clinical issues such as wound care.

In relation to one resident who had a serious medical diagnosis, there was no care plan in place to support a consistent approach to the care and management of this resident's condition.

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

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The Person-on-Charge will ensure that there are appropriate pressure area management plans in place for all residents where required. The skin integrity of all residents will be accurately assessed and monitored. Where wounds are present, these will be accurately assessed, including appropriate care plan and regular progress updates to assess healing.

The Person-in-Charge will review and update all care plans, ensuring that they are individualised and that they accurately reflect each resident's assessed care needs, including any specific or serious medical conditions.

The care plan identified by the inspector on the day of inspection has since been updated to include the specific approach required to the care and management of the serious medical condition.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

There was limited evidence that care plans were reviewed following consultation with the resident or their where appropriate their relative.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Person-in-Charge will ensure that residents, or where appropriate their relative, are regularly consulted about their plan of care and this will reflect the resident's choices, preferences and wishes. A summary of the consultation will be documented within the care record of each resident.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was insufficient evidence that the centre could meet the needs of residents with more complex health needs.

3. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The Person-in-Charge will conduct a thorough pre-admission assessment prior to all admissions to the centre. This assessment will include an evaluation of current and anticipated health and social care needs. The Person-in-Charge will ensure that all care needs of each resident to be admitted to the centre can be met.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

Recommendations of the dietician were not consistently incorporated into the care plans or practices.

4. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The Person-in-Charge will review all care plans to ensure that they accurately reflect the nutritional status of each resident, including nutritional intake, an indication of how frequently weight recordings are required, close monitoring of weight loss or weight gain, requirement for dietary supplements or fortification. The Person-in-Charge will ensure that the recommendations of the dietitian are incorporated into the nursing care plan. The Person-in-Charge will ensure that all care staff and catering staff are aware of the specific dietary requirements of residents as appropriate.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

Adequate assistance for residents was not available at meal times.

5. Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

The Person-in-Charge will ensure that staff are appropriately allocated and available to provide assistance at mealtimes. The Person-in-Charge will ensure that mealtimes are an opportunity for a social occasion and interaction between residents and that they are an enjoyable, unhurried time for residents.

Proposed Timescale: 30/04/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Responsive behaviours were not well managed.

6. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Antecedent, Behaviour and Consequence (ABC) charts will be used and reviewed for residents where responsive behaviours are identified as a care need. Triggers and strategies to manage behaviours will be identified, documented in care plans and communicated to staff to ensure consistency of care. The Person-in-Charge will ensure that nursing staff provide appropriate supervision and guidance to care staff when managing responsive behaviours. The Person-in-Charge will ensure that appropriate medical and/or psychiatric review is sought at the earliest opportunity where responsive behaviours are a concern.

Where it is clear that the residents' care needs continue to pose a risk to themselves or other residents, and if they can no longer be safely managed within the centre, the Person-in-Charge will seek alternative arrangements for appropriate accommodation for the resident, in consultation with the resident and family.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

Care plans did not adequately detail the use of restraint or the supervision and observation of a resident while restraint was in use. In addition there was no documented evidence that safety checks were completed when bed rails were in use.

7. Action Required:

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

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

The Person-in-Charge will ensure that, where restraint is used in the centre, it is only used in accordance with the centre's own policy and the national policy on restraint. The Person-in-Charge will ensure that the use of restraint is a measure of last resort and will ensure that alternative measures have been considered. All residents for whom restraint is indicated will be assessed accurately, consent will be sought where possible and the restraint will be managed appropriately. Safety checks will be carried out and recorded appropriately.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

There were insufficient safeguards in place to protect residents.

8. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The Person-in-Charge will ensure that all reasonable measures are taken to protect residents from abuse. The Person-in-Charge will ensure that there are sufficient safeguards in place to maximise residents' protection and that all staff are aware of specific care requirements to ensure that the safety and safeguarding care needs of all residents are met at all times. Where there are incidents or risks, staff will be aware of the need for immediate, appropriate interventions and their responsibility to report and record any such events.

Proposed Timescale: 31/03/2017

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:

Residents, particularly those with dementia, did not have opportunities to participate in meaningful activities in line with their interests and preferences.

9. 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:

The Person-in-Charge will ensure that residents with a diagnosis of dementia or cognitive impairment have opportunities to participate in meaningful activities, based on their interests and preferences. Each resident will be assessed to determine preferences and participation level in activities. This information will be used to inform weekly activities schedule. Specific activities will be provided for small groups of residents, including SONAS and Imagination Gym. Each resident's participation in activities will be documented in the care plan.

Proposed Timescale: 30/04/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Ensure that the staffing levels and skill mix complement of the centre are sufficient to meet the assessed needs of all residents.

Ensure that the supervision arrangements for residents are adequate.

10. 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:

The Person-in-Charge will ensure that the staffing levels and skill mix are appropriate to meet the assessed care needs of all residents in the centre, taking into account the number and dependency levels of residents and the size and layout of the centre.

The Person-in-Charge will ensure that appropriate supervision arrangements are in place.

Proposed Timescale: 30/04/2017

Theme:
Workforce

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

Ensure that all of the information required by Schedule 2 of the regulations is maintained.

11. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The Person-in-Charge will ensure that all information required by Schedule 2 of the Regulations is in place and maintained.

Proposed Timescale: 31/03/2017

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:

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

12. Action Required:

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

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

The Provider will ensure that the environment will be enhanced to ensure that the design and layout will promote the dignity, wellbeing and independence of residents with a diagnosis of dementia, including appropriate signage and colour schemes.

Proposed Timescale: 31/05/2017

Theme:
Effective care and support

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

Ensure that there is suitable storage available throughout the centre.

13. 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:

The Provider will ensure that adequate storage space is provided for equipment and mobility aids.

Proposed Timescale: 30/04/2017