

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverdale Nursing Home
Centre ID:	OSV-0000273
Centre address:	Laragh, Ballon, Carlow.
Telephone number:	059 915 9299
Email address:	riverdalenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Killyglasson Limited
Provider Nominee:	Martina McGauran
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	4

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 January 2017 09:15	04 January 2017 16:00
05 January 2017 08:30	05 January 2017 14:00

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection considered notifications and other relevant information including self-assessment and policy documentation submitted prior to this inspection. The inspector also reviewed unsolicited information received by the Health Information and Quality Authority (HIQA) in September 2016 regarding management of residents with behaviours and psychological symptoms of dementia (BPSD) and management of complaints. Practice areas in relation to the unsolicited information were explored on inspection. Inspection findings indicated improvements were necessary in management of BPSD and complaints management.

All actions from the last inspection of the centre in September 2015 were found to be

satisfactorily completed. As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The findings of the inspector did not accord with the provider's judgements on this inspection. However, the inspector observed that the management team and staff working in the centre were committed to providing a quality service for residents with dementia.

The inspector met with residents and staff members during the inspection. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were monitored using a validated observation tool. These observations evidenced that staff engaged positively with residents with dementia. The inspector reviewed documentation such as care plans, medical records, staff files and examined relevant policies and procedures.

The Action Plan at the end of this report identifies areas where 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 Standards for Residential Care Settings for Older People in Ireland (2016). The action plan submitted by the provider in response to the non-compliance outlined under Outcome 3 does not satisfactorily address this failing identified in this report. HIQA has taken the decision not to publish this action plan.

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):

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

Findings:

The inspector tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, end-of-life care and aspects of responsive behaviour which were related to the behavioural and psychological symptoms of dementia (BPSD). The inspector found that there were systems in place to optimise communications between the resident/families, the acute hospital and the centre.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was readily available and shared between providers and services. Pre-admission assessments were undertaken by the person in charge and the assistant director of nursing.

The nursing assessments involved the use of validated tools to assess each resident for risk of malnutrition, falls, cognitive impairment and skin integrity. Residents' progress was closely monitored and recorded and the daily nursing notes outlined the health, condition and treatments given for each resident and they were in accordance with relevant professional guidelines. Staff members were observed to provide care in a respectable and sensitive manner and demonstrated a comprehensive knowledge of residents' individual needs and preferences. There was documented evidence that residents and their families, where appropriate, were involved in the care planning development and reviews thereafter.

There was evidence that residents received timely access to health care services including support to attend out-patient appointments. The person in charge confirmed that there were three general practitioners (GPs) attending to the needs of residents in the centre. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Residents had good access to allied healthcare professionals. Physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Community psychiatry of older age specialist services attended

residents in the centre. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed on admission and regularly thereafter for risk of falls. Procedures were put in place to mitigate risk of injury to some residents assessed as being at risk of falling including increased staff supervision/assistance, hip protection, low level beds and sensor alarm equipment. The inspector observed that vulnerable residents were appropriately supervised by staff on the day of inspection.

Arrangements were in place to meet the nutritional and hydration needs of residents with dementia. Satisfaction surveys observed by the inspector indicated that residents were happy with the food and choices provided. There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Menus were available and all residents were offered choice at each meal. There was evidence of efforts made to ensure residents with dementia were provided with their favourite foods and were offered choices at mealtimes. This would be enhanced further by using pictorial menus to aid communication in relation to choice for residents with dementia.

Residents were discreetly assisted with their meals by staff that were observed to encourage residents to maintain their independence with eating and drinking. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Referrals for review by a dietician and or speech and language therapist were prompted following assessment and reviews as observed by the inspector.

Recommendations from the dietician were communicated to catering staff. Kitchen staff who spoke with the inspector were aware of each resident's dietary requirements. Residents told the inspector that they 'enjoyed their meals' and 'the food was very good'. The inspector spoke with the chef and found that she was very knowledgeable regarding residents' likes and dislikes. The inspector saw that she met with residents on a daily basis. The dietician was involved with the chef in menu planning and had completed a nutritional analysis of the menus the week prior to this inspection.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector was informed by the staff nurse that no residents were receiving end-of-life care on the day of inspection. The inspector reviewed a number of end-of-life care plans which outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. Single rooms were available for end-of-life care and relatives were accommodated in the centre to be with the resident at this time of their lives. Residents told the inspector that they had good access to religious clergy as they wished.

The inspector reviewed the practices and documentation relating to medication

management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were procedures in place for the handling and disposal of unused and out of date medicines.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and the signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

All medicines were stored securely in the centre. However there were some areas that required improvement to ensure medication management practice was to an appropriate standard. Issues identified included:

There were gaps identified in medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not.

Records reviewed showed that the temperature of fridges where medications were stored were not consistently monitored.

Erasing fluid had been used on a medication chart which is not in accordance with best practice.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that it was correct. The pharmacist regularly reviewed the prescriptions and conducted audits in the centre. The assistant director of nursing also conducted medication management audits on a regular basis. The last one had been completed on 30 October 2016 with no deficits noted.

The pharmacist was available to meet residents individually if they wished and the inspector saw that the pharmacist had been introduced to residents at a residents' meeting. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found evidence that all reasonable measures were being taken to protect residents from abuse. Systems and processes were in place to protect residents from being harmed or suffering abuse. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. The person in charge told the inspector that training was currently being rolled out on the national policy for safeguarding vulnerable persons at risk of abuse policy. All staff had up-to-date training in prevention, detection and response to abuse.

There was an up-to-date policy available informing management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services.

The inspector found that improvement was required in the management of residents with dementia and associated responsive behaviours. The policy of the centre in relation to responsive behaviours outlined that all residents with responsive behaviour would have a standardised assessment completed. There was no standardised assessment tool to assess behaviours on file for a resident tracked by the inspector.

Although staff who spoke with the inspector were knowledgeable regarding individual residents' behaviours and could identify the triggers to onset of these behaviours. Not all staff had participated in training to provide them with up to date knowledge and skills, to respond to and manage responsive behaviour. A review of training records indicated that 65% of staff had received training on understanding and managing responsive behaviours.

Residents met by the inspector confirmed they were happy living in the centre. All were full of praise for staff and felt safe and well cared for in the centre. The inspector observed that interactions between residents and staff were mutually respectful friendly and warm. There was a policy on the management of restraint which was based on the national policy. There was no environmental or chemical restraint in use. A restraint register was in place and referenced that 50% of residents were using bed rails at night. The person in charge discussed how a reduction in the use of bed rails was implemented through reviews of assessments.

Risk assessments had been completed for all bedrails in use, and alternatives trialled beforehand were also documented. An audit of restraint use was completed in January 2016. All of the beds in use with the exception of two beds were low level beds. Bedrail safety checks and removal schedules were in place and the inspector saw that these were consistently recorded. Restraint assessments were reviewed on a regular basis as observed by the inspector.

The centre held small amounts of monies on behalf of some residents' for their day to day expenses and there was a policy informing the management of residents' accounts and personal property dated 29 September 2015. Residents' finances were audited on a yearly basis as observed by the inspector. All transactions were appropriately

documented with lodgements and withdrawals co-signed by the resident and staff member as observed by an inspector. Residents were provided with a lockable space in their bedrooms for to facilitate them to independently store personal possessions securely if they wished.

The inspector reviewed a sample of staff files which were in accordance with regulations. The provider said that all staff were Garda vetted. There were no volunteers working in the centre.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia before undertaking any care task and consulted with them about how they wished to spend their day and about care issues. Residents expressed their satisfaction with the opportunities provided and their quality of life in the centre to the inspector.

Staff worked to ensure that residents received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors before entering. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. 'Key to me' documentation was completed for all residents which gave them the opportunity to make their preferences, likes and dislikes known. Family members also supported some residents with dementia with communicating this information. Residents were encouraged to choose how they spent their day, where they took their meals and what clothes they wore. The inspector saw that residents had access to televisions and radios. Newspapers were widely available and the main news topics were discussed each day with residents.

There were two activity co-ordinators responsible for assessing and identifying suitable activities to meet the interests and capabilities of each resident. With the support of care staff they organised and facilitated a variety of meaningful and interesting activities for residents in the centre over a six day period. Residents were observed to enjoy the group activities and were actively engaged in them. Residents with needs that were better met on a 1:1 basis were provided with a sensory based activation programme such as hand massage as observed by the inspector.

The activity schedule included activities arranged for the mornings and afternoons and included music, dancing, quiz's, art and crafts, cards, puzzles, and sensory stimulation among others. The activity coordinators were enthusiastic about their work and knew the residents well. Some residents liked to stay in their rooms and a resident told the inspector that the person in charge and staff would sit and chat on a daily basis. There was also a chipper night once per week which residents really enjoyed.

The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. These observations took place in the lounge and in the dining area. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between staff and residents with dementia.

The inspector's observations concluded that there was good evidence of positive connective care with individual residents during 1:1 interactions and opportunities were taken when completing tasks of care to positively engage with residents. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. 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. Mealtimes were unhurried and independence was promoted with residents gently encouraged to independently eat their meal as much as possible at their own pace. At the feedback meeting, the inspector and the person in charge discussed ways in which staff would increase social engagement with residents at lunch time.

There were no restrictions on visitors and there were a number of areas throughout the centre where residents could meet visitors in private. Visitors were observed coming and going throughout the day. Satisfaction surveys had been completed in 2016 which indicated overall satisfaction with the services provided. There was a communication policy in place. Telecommunications and information technology devices were also available to residents as observed by the inspector.

The inspector observed that residents' communication needs were assessed and staff were aware of the communication needs of some residents. Contact details for advocacy services were displayed on a poster on the wall. There was no evidence available to demonstrate how residents were supported to access these services. This finding was particularly relevant where incidents of capacity to make decisions arose for residents with communication difficulties due to their dementia or other conditions.

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 inspector found that there was an effective policy and procedure in place for the management of complaints. The provider/person in charge was responsible for dealing with complaints and the independent appeals process was included. However, it did not include contact details for the office of the ombudsman. The inspector read the complaints records and reviewed the management of the one complaint which was open at the time of inspection. The inspector observed that the designated timeframes as outlined in the centre's policy for acknowledging and responding to the complaint had not been adhered to.

A summary of the complaints process was displayed in the front foyer. The Residents' Guide also held details of the complaints policy and independent appeals process. Residents spoken with confirmed they were aware that they could make a complaint if dissatisfied with any aspect of the service. Residents spoken with by the inspector expressed their satisfaction with the service provided. Residents told the inspector that they knew who to make a complaint to and felt they would be listened to.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the staff team were very committed and caring in observation of their practice and in discussions with them. Staff told inspectors there was open informal and formal communication within the centre to discuss issues and residents needs as they arose.

The inspector found that the numbers and skill-mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. The inspector found that there were procedures in place for supervision of residents in the communal areas. Adequate staff members were available to assist and supervise residents in the dining room throughout mealtimes. An actual and planned staff roster was in place. Staff on duty on the day of inspection reflected the staff roster.

There was a written staff recruitment policy in place. The inspector reviewed a sample

of four staff files and found that the required documentation was in place as required by the regulations. The inspector observed that An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff were in place in the staff files that were viewed.

There was an induction and supervision process for newly recruited staff, with feedback given and performance reviews held after designated periods of time. The person in charge told the inspector that staff appraisals were on going for 2017. Minutes of staff meetings were provided to the inspector, which indicated that meetings for all staff had taken place in 2016.

Training records viewed and staff spoken with confirmed that all staff had up to date mandatory training in fire safety, manual handling and safeguarding vulnerable adults. Staff had also undertaken other training in 2016 such as promoting a restraint free environment, food handling, hand hygiene, end of life care and best practice principles in dementia.

The inspector talked to varied staff members and found that they were knowledgeable about residents' individual needs regarding best practice principles in dementia care and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported by the person in charge.

The inspector found that staff were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to them. The inspector observed that residents were at ease in their surroundings and content with staff.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the designated centre met its stated purpose to a good standard. The centre is a purpose built single story premises located within close proximity to the local village.

A new extension had been completed late 2015 which included the provision of adequate sitting, recreational and dining space separate to the residents private accommodation. The centre is registered to accommodate 34 residents. There were 27 bedrooms which comprised of seven twin rooms and 20 single rooms. 12 bedrooms

have en-suite facilities and seven bedrooms have toilet and wash hand basin facilities. To the front of the building there was a visitor's area with comfortable seating and a family meeting room. The dining area was bright, spacious and could accommodate all residents. The inspector saw that suitable provision for storage, suitable staff changing facilities, hairdressing/therapy room and a visitor's room was available.

The refurbishments provide each resident with more physical space. Each bedroom had adequate facilities for storing of clothes and personal belongings. There are facilities for lockable storage and TV in each bedroom. The centre was observed to be bright, and decorated in a domestic style. The large communal sitting room provided a spacious and comfortable area for residents. Most residents rested in the main sitting room, which was bright with natural light from large windows. Two large screen television was available to support ease of viewing for residents including residents with visual problems. There was access for residents with dementia to a safe and secure external garden.

The inspector saw that some residents personalised their bedrooms with photographs and personal items. The environment in the centre was brightly painted and the many large windows provided good natural lighting to support residents' access around the centre. Corridors in the centre were wide and spacious, and seating had been placed at intervals along corridors. There was some use of signage to support residents with dementia; however this area needed some improvement. Further use of contrasting colours and improved signage would support residents in navigating the centre. The provider also concurred with this finding in the action plan in the pre-inspection self-assessment document.

There was suitable heating, lighting and ventilation. The centre was visibly clean, Hand hygiene dispensers were located at intervals throughout the centre and staff were observed to carry out hand hygiene procedures as appropriate. Personal protective equipment including disposable gloves and aprons were available. There was ample parking and outdoor space for residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

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:

Ide Cronin
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:	Riverdale Nursing Home
Centre ID:	OSV-0000273
Date of inspection:	04/01/2017
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:

There were gaps identified in medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not

The temperature recordings of fridges for medicines that required refrigeration were not consistently monitored

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

Correction fluid had been used on a medication chart which is not in accordance with best practice.

1. Action Required:

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

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

Staff training and regular auditing will ensure that all medicinal products will be administered in accordance with the directions of the prescriber and the advice provided by the resident's pharmacist, there will be no gaps left on the drug administration sheet, the temperature of the medication fridge will be recorded daily and correction fluid will not be used on any documentation in the Nursing Home.

Proposed Timescale: 20/01/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The policy of the centre in relation to responsive behaviours outlined that all residents with responsive behaviour would have a standardised assessment completed. There was no standardised assessment tool to assess behaviours on file for a resident who was tracked.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

We use the Antecedent-Behaviour-Consequence(ABC) chart as a functional qualitative assessment to monitor Responsive behaviour. The ABC analysis chart was used to monitor the behaviour of the resident but it was filed in a different location. This chart is available for viewing at any further inspections.

Proposed Timescale: 20/01/2017

Theme:

Safe care and support

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

Only 65% of staff had received training on understanding and managing responsive behaviours.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

We have audited our training matrix and commenced a comprehensive training program for all staff for 2017.

Proposed Timescale: 20/01/2017

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:

The systems in place did not ensure that each resident had access to independent advocacy services.

4. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Proposed Timescale:

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:

The inspector read the complaints records and reviewed the management of the one complaint which was open at the time of inspection. The inspector observed that the designated timeframes as outlined in the centre's policy for acknowledging and responding to the complaint had not been adhered to.

5. Action Required:

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

All Complaints are responded to promptly as per our complaints policy however, (as in this case) if there are issues concerning data protection that require legal involvement we commence a process of seeking legal advice and inform the complainant in writing that we have commenced the process.

Proposed Timescale: 20/01/2017

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:

There was some use of signage to support residents with dementia. Further use of contrasting colours and improved signage would support residents in navigating the centre.

6. 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 in the process of providing more photographic signage to assist residents with dementia.

Proposed Timescale: 29/03/2017