

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hollymount Private Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000348
<b>Centre address:</b>	Kilrush, Hollymount, Mayo.
<b>Telephone number:</b>	094 954 0232
<b>Email address:</b>	hollymountnursinghome@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Doonaroom Limited
<b>Provider Nominee:</b>	Margaret Hayes
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	0

## **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: 17 February 2017 09:00 To: 17 February 2017 19:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**Summary of findings from this inspection**

This report sets out the findings of a thematic inspection completed over one day which focused on six specific outcomes relevant to dementia care. The inspection focused on the care provided and on the quality of life for residents living in the centre. The provider had submitted a completed self assessment on dementia care to HIQA with relevant policies and procedures prior to the inspection and had rated the centre as substantially compliant in all six outcomes. Hollymount Nursing home is located in Just outside the village of Hollymount in Mayo. It is a single storey premises which accommodates 36 residents. There were no vacancies on the day of the inspection. Six residents had a formal diagnosis of dementia and a further eight had some aspect of cognitive impairment. As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and

residents in a sitting room and dining room. Overall, the inspector observed staff interacting with residents in a positive and caring manner.

Residents' healthcare and nursing needs were met to a good standard. Some improvements were identified as required in the assessment and recording of social care. Residents had access to general practitioners (GPs), and to allied healthcare services. Staff provided end of life care to residents with the support of their GP and the community palliative care team. An activity coordinator was available in the centre however the range of activities available was limited. There were one-to-one activities for residents that were unable or chose not participate in group activities, however these were poorly recorded and in the social care assessments reviewed there was poor linkage between the interests of the residents and the activities programme.

The centre was in the process of moving from a paper based care planning system to an electronic care planning system. This process was underway and all care records had not been transferred. As a result some documentation requested was difficult to retrieve. Most care plans reviewed were comprehensive and person centered. Some end of life and dementia care plans required review to adequately reflect the residents' needs. The process of transferring documentation had added to the workload additional staff had not been added to the staffing rota. The person in charge said that they had been unsuccessful in recruiting staff despite their recent efforts. An action has been included in this report requiring the provider to review staffing levels to ensure that there are an appropriate number of staff on duty to care for residents at all times.

While the centre was recently refurbished and was clean and comfortable, there was minimal use of contrasting colours and the centre lacked signage to assist residents or visual cues to support residents within the centre. Some communal areas had equipment stored in them which detracted from providing a home like environment. The design centre was safe but the layout did not allow for circular movement for residents with dementia who like to actively walk around and there was poor signage and inadequate visual cues to help orientate residents.

The action plan at the end of this report identifies where 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 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: 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:**

On the last inspection the inspector found the information recorded and care plans was generic and did not provide sufficient guidance for staff. In addition care plans and assessments weren't updated following a change in the residents care needs. This had improved and the inspectors saw that care plans contained a better level of detail about the residents care needs and those reviewed were updated four monthly in consultation with the resident or there next of kin.

The inspectors reviewed the care of residents with of a sample of residents in the centre. 12 residents had a formal diagnosis of dementia and a further six have some form of cognitive impairment. There was a comprehensive nursing assessment completed for each resident which monitored their risk of sustaining a fall, developing a pressure sore, incurring weight loss or cognitive impairment.

The inspectors saw that when a resident was admitted, transferred or discharged to or from the centre appropriate information about their care and treatment was readily available and shared between providers and services. The person in charge told inspectors that she interviewed prospective admissions by phone or they came to the centre with their families and did not routinely visit residents at home or in hospital. She told inspectors that as most admissions were from the locality prospective residents were known to her.

The inspectors found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). When necessary, residents were transferred to hospital and the inspector saw that appropriate information was sent with the residents summarising their specific care needs and any difficulties they had regarding communication or eating. Residents were facilitated to attend specialist medical appointments.

The centre was in the process of moving from a paper-based system to electronic care planning system and on the day of inspection were experiencing difficulties retrieving some documentation. For example, a transfer letter wasn't available for one resident.

The care plans reviewed showed improvement since the last inspection. Most care plans reviewed were person centred and reflected the residents' individual needs. Some minor streamlining was required with some care plans to remove generic material that didn't apply to the resident.

The staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residence individual needs and preferences. The inspectors saw that residents had support services such as physiotherapy, dietetics', speech and language therapy and chiropody services were available to residents. An occupational therapy service was accessed through the Health Services Executive HSE. However; the person in charge said there were delays accessing this service and a private referral could be made if a resident required this service. Mental health services were provided by community psychiatric services and regular reviews by a psychiatrist were evident.

There were arrangements in place to prevent accidents and incidents within the centre. Residents were assessed on admission and regularly afterwards for their risk of sustaining a fall. There is evidence that interventions were put in place such as low entry beds and sensory alarm mats to reduce the risk of residence sustaining an injury the inspectors observed the residents were supervised by staff on the day of inspection.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Residents that who were losing weight were referred to a dietician and the inspectors saw that they were receiving the food supplement recommended. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids. There was a nutritional care plan in place which referred to dietician review.

The inspector observed the main meal and the food appeared to be hot and appetising. There were two meal sittings and those who required assistance had their meal first. The inspectors found that the approach to meal times was somewhat institutional. The meal times were set with little variance from day to day. Breakfast was served in bed at 8am, the main meal was then started at 12.15 and the evening tea was served at 4.15. There was a supper offered to residents 7pm every night. Snacks and drinks were offered in between meals and residents said they were satisfied with the food. The inspectors observed that residents were assisted with their meals discreetly by staff and there was plenty of conversation during the meal.

The inspector reviewed the medication practices in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. Medication was supplied in blister packs. The person in charge said that residents could choose to remain with their own pharmacy however most transferred to a nearby pharmacy. Unused and out of date medicines were returned to the pharmacy. The inspectors saw that the medication trolley was securely stored in the nurses' station. Medications were supplied in a blister pack system and these were checked against prescriptions when supplied to ensure they were correct. Photographic identification was available on each drug chart 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 had been signed by the GP. In a small number of prescriptions the route of administration was not indicated and some PRN or 'as required' medications did not have the maximum dosage indicated.

The inspectors reviewed the care records of a resident who had been very unwell. While the progress notes described regular review by the GP, discussions with the residents' family and the attendance of the priest, the end of life care plans did not capture adequately the residents wishes regarding whether they wanted to be transferred to hospital or remain in the centre and the care plan was not been updated to reflect the deterioration in the resident's health. In other care records reviewed an end of life care plan was not available. Specific care plans were available for residents with dementia or cognitive impairment. However, these only referred to behaviours associated with their dementia and did not capture information about the residents' dementia or indicate what the resident could still do for themselves, or who they still recognised.

**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:**

All residents spoken with said they felt safe and secure in the centre and felt the staff were supportive. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. The policy required review to reflect the new reporting arrangements in the HSE's policy on safeguarding vulnerable adults. Similarly, although all staff had up-to-date training in prevention, detection and response to abuse the training materials didn't reflect these revised reporting arrangements. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified the person in charge as the person to whom they would report a suspected concern.

The inspectors saw that a restraint free environment was promoted and no bedrails or lap belts were in use. Alternative measures were used to prevent falls such as low entry beds and sensory alarm mats.

Some residents presented with behaviours and psychological symptoms of dementia (BPSD). Training records reviewed by inspectors indicated that staff were facilitated attend training related to the care of people with dementia. The staff were observed to be knowledgeable regarding the residents' behaviours and helped to prevent the

behaviours from escalating. The dementia care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to help prevent the behaviours and to calm the resident if the behaviour escalated.

Inspectors reviewed a sample records for residents for whom the centre was taking care of money and valuables. Records were well-maintained, logging all incoming and outgoing cash and valuables with double signatures. Of the residents sampled, all of the recorded balances matched the amount being stored in the safe. Residents had easy access to their money at all times, as when the key bearer was absent, the centre covered any expenses and balanced the records later. The provider did not act as an agent to collect the pension of any residents.

**Judgment:**

Substantially Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**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:**

The staff rota indicated that a care assistant was designated as the activities coordinator during the week and this role was rotated among staff. The activities coordinator on duty said her role was to set up the activities that day and to remain in the room to supervise and chat to residents there. There was however, limited evidence of any meaningful activities evident. For example, on the day of the inspection the only activity displayed on the schedule was for residents to watch a DVD. The inspectors observed there were no other activities offered to engage residents such as cards, board games, books or newspapers.

Inspectors were advised that the activities coordinator had protected time for residents who could not participate in group activities and required one-to-one engagement; there was little recorded evidence to capture this activity or the residents' level of engagement. The new electronic care planning system had a facility for recording activities. However, this only indicated yes or no regarding activities and there was no detail of which activity was attended or the level of participation. While social care assessments were completed, there was poor linkage between the interests of the residents and the activities programme.

The inspectors observed that all contracts included a charge for activities which was discounted if the resident had not taken part. Inspectors were shown examples of

invoices for some residents who had no interest in participating in individual or group activities and these noted there was no activities fee payable that month.

Residents' forum meetings took place in the centre, with the most recent occurring in September of 2016. An independent advocate had attended these meetings in the past, but when this person left the post they were not replaced. Minutes of resident meetings included general feedback on daily living in the centre, the staff, food and environment, and suggestions for preferred event and outings. Residents were noted in these meetings as being generally satisfied with the service, and aware of how to make a complaint should the need arise. The centre had also completed a satisfaction survey and the results were predominantly positive comments.

Inspectors each took between 30-45 minutes to observe interactions between residents and staff using a Quality of Interactions Schedule (QUIS) score sheet. The first observation period took place in both the front lounge and dining room during tea time. Most of the care observed (75%) was positive and connective in which staff engaged the resident's attention with eye contact and appropriate touch, and sat or crouched to the same level as the resident before asking questions or starting conversation. Interactions observed indicated good staff knowledge of residents, and meaningful conversation about the residents' neighbourhood and family. Choice was offered when a resident refused an option, and the staff respected the residents' choice. Staff were observed to respond patiently to residents. 17% of interactions observed were polite and friendly but somewhat task oriented with conversation limited to the residents immediate needs. The remainder of the time (8%) observed was scored as neutral, during which there were no interactions observed and residents were left alone and without something to occupy or stimulate, or assisting residents without any meaningful engagement.

Residents were facilitated to vote either in the centre or by post. Religious practice was facilitated through use of the oratory and with visiting Eucharistic ministers. Regarding residents' privacy, some improvement in practice was required as staff were observed entering resident bedrooms without knocking or establishing whether or not the resident was in their bedroom, or consented, before entering.

**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 centre had a complaints log. The person in charge advised that informal complaints about day to day issues were generally resolved by staff and were not routinely recorded which could result in reoccurring issues not been identified or responded to. Complaints of a more serious nature or those which were not resolved informally were recorded in the centres' complaints log. There were no recorded complaints since mid-2015.

In the records of those complaints recorded there was appropriate information to understanding the context and nature of the complaint and the inspector saw the actions taken to resolve the complaint and to prevent a reoccurrence, the outcome of the investigation and confirmation that the complainant was satisfied with the response to the complaint were documented. Residents spoken with said they would speak to the person in charge if they had any concerns.

**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:**

An actual and planned roster was maintained in the centre with any changes clearly indicated but was not recorded using a 24 hour clock. The person in charge worked from 8am until 4pm Monday to Friday. The normal allocation of staff on duty was two nurses and four care assistants from 8am to 8pm . At night time there was one nurse and two care assistants on duty. In addition, there was two catering staff, cleaning/ laundry staff, an administrator and an activities co-coordinator.

On the day of inspection, the staff were trying to get to grips with the new electronic care planning system and were having difficulties retrieving documentation. This was having a considerable impact on the time it took them to complete some tasks and took from the time available to provide care. There was no additional staff added to the rota to assist with this. The person in charge had identified the need for additional staff but said she had been unsuccessful in a recent recruitment attempt and was actively still trying to recruit more staff. Students from a nearby college were assisting in the centre on the day of inspection as part of their training as care assistants. Staff covered each others' absences from sick leave and annual leave.

Inspectors observed that the staff delivered care in a respectful manner and respected the privacy of residents. On one occasion however; the inspectors observed one care assistant enter two residents' bedrooms without knocking first.

The person in charge confirmed that all staff had had appropriate Garda vetting. The inspector reviewed a sample of staff files and confirmed this. Documentation required under Schedule 2 of the Regulations was available.

Training records reviewed indicated that staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons. A number of staff had attended training in caring for people with dementia in 2016. The centre was also trying to access limited places for training in managing responsive behaviours.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

**Findings:**

The centre was generally clean and in a good state of repair. The building consisted of two large day rooms, a dining room, oratory, sun room and corridors containing 14 single bedrooms and 11 twin bedrooms. The building was free of trip hazards, steps and slopes. Bedrooms which did not have en-suite facilities were in close proximity to an assistive bathroom or shower facilities. There were handrails on all corridors intended for residents.

Shower rooms were observed to be used for storing boxes of supplies and the oratory was also used for storing equipment such as nebulisers and wheelchairs. Bathrooms and shower rooms on the bedroom corridors were not signed for easy identification by residents either in word or picture form. From the perspective of dementia-friendly design, the bedroom corridors had plain coloured, non-slip floor coverings and were contrasted in colour against the walls, as were the bedroom doors. However, the bedrooms were marked with small numbers, without any personalisation, visual or memory triggers to assist the resident to recognise their bedroom. The corridors throughout the centre similar in appearance and lacked visual cues or pictorial signage to help orientate residents. Communal areas were large with appropriate furnishings, natural light and views. While there was a secure outdoor patio, it was not identified by signage and was accessed through the dining room, which was closed when not in use. Residents could not use this area independently as this door was linked to the fire alarm and was kept locked.

The centre has a sufficient amount of assistive equipment for the needs of the residents. The kitchen in the centre was large and adequately stocked and equipped to allow for variety at mealtimes. Call bell facilities were available and well monitored in the centre.

**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:***

Marie Matthews  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Hollymount Private Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000348
<b>Date of inspection:</b>	17/02/2017
<b>Date of response:</b>	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:**

Care plans for residents with dementia or cognitive impairment only referred to the behaviours associated with their dementia and did capture information about the residents' dementia or indicate what they could do for themselves, or who they still recognised.

#### **1. Action Required:**

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

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:**

Update care plan to include more person specific details about their Dementia.

**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:**

An end of life care plan was not been updated to reflect the deterioration in the resident's health and did not capture adequately the residents wishes regarding whether they wanted to be transferred to hospital or remain in the centre

**2. Action Required:**

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

Said care plan was updated immediately and clearly specified the residents' wishes.

Proposed Timescale: Completed

**Proposed Timescale:** 11/04/2017

**Theme:**

Safe care and support

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

The main meal was served daily at 12.15 every day and the approach to meal times was institutional

**3. Action Required:**

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

Residents were reminded that if they preferred to have their meals at a different time to the regular sitting they may do so by alerting a staff member. A brief questionnaire was carried out to determine if residents were happy with the current meal times, did they know they could have meals at alternate times and were they happy with the menu and

would they like to make any suggestions for the menu.

Proposed Timescale: Completed

**Proposed Timescale:** 11/04/2017

## **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 required review to reflect the new reporting arrangements in the HSE's policy on safeguarding vulnerable adults. Similarly, the training materials didn't reflect these revised reporting arrangements.

### **4. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy and training materials have been reviewed and reflect the new reporting arrangement, which includes the website and phone number.

**Proposed Timescale:** 01/03/2017

## **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:**

Staff were observed entering residents bedrooms without knocking or establishing whether or not the resident consented to them entering their room.

### **5. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

All staff were reminded it is necessary to knock at all times before entering a residents room. A sign was placed on the staff notice board and the issue will be brought up again at the next staff meeting due in April and each meeting to follow.

Proposed Timescale: Completed

**Proposed Timescale:** 11/04/2017

**Theme:**

Person-centred care and support

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

Recording of activities consisted of a checkbox as to whether or not a resident participated in activities that day. No records were kept on what level of participation the resident had in the sessions. No information was available on activities for residents who did not have capacity to attend group activities.

**6. 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:**

We have changed our system to allow staff to record what activity the resident participated in and to what level they participated.

Proposed Timescale: Completed

**Proposed Timescale:** 11/04/2017

**Theme:**

Person-centred care and support

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

There was no independent advocate available to support residents.

**7. 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:**

Sage Independent advocacy are available for emergencies.

Residents have been asked if they are happy for a staff member to assist with their meetings until an independent Advocate becomes available. We have contacted Sage and are awaiting a call back regarding an Advocate.

Proposed Timescale: Ongoing

**Proposed Timescale:** 11/04/2017

## Outcome 04: Complaints procedures

**Theme:**

Person-centred care and support

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

Informal complaints about day to day issues were not recorded.

**8. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

We have put in place a clearer system regarding informal complaints and there is now a record book for informal complaints as well as formal complaints.

Proposed Timescale: Completed

**Proposed Timescale:** 11/04/2017

## Outcome 05: Suitable Staffing

**Theme:**

Workforce

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

Staffing levels required review, as implementation of a new care system was having a considerable impact on the time it took staff to complete some tasks and took from the time available to provide care.

**9. 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:**

We have rostered an extra nurse on duty for at least 3 days a week for the month of April to ensure that the implementation of the new system is complete with little impact on the tasks of the staff or their availability to provide care.

**Proposed Timescale:** 30/04/2017

## Outcome 06: Safe and Suitable Premises

**Theme:**

Effective care and support

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

The centre's design and posted information required improvement in being navigable for residents with a dementia or a wandering tendency.

**10. 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 will increase the level of signage for areas such as toilets, bathrooms and shower rooms.

**Proposed Timescale:** 30/04/2017