**Centre name:** Marian House Alzheimer Unit  
**Centre ID:** OSV-0000358  
**Centre address:** Main Street, Ballindine, Mayo.  
**Telephone number:** 094 936 4101  
**Email address:** mhouserespite@eircom.net  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Western Alzheimers  
**Provider Nominee:** Patrick Holmes  
**Lead inspector:** Mary McCann  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 11  
**Number of vacancies on the date of inspection:** 0
**About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 24 November 2016 10:30  To: 24 November 2016 18:00

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

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Summary of findings from this inspection
Marian House is situated in the village of Ballindine, Co Mayo. It provides 24 hour respite care for 11 residents with all forms of dementia most of whom have Alzheimer’s disease. Many of the residents have co-morbidities such as diabetes, coronary heart disease, respiratory illness and Parkinson’s disease. All residents accommodated were maximum dependency. Day care facilities to a maximum of 2 residents five days per week are provided. Palliative care services are provided as required.

This inspection was undertaken to follow-up on completion of the actions to address
non-compliances with the regulations identified during the previous inspection undertaken in November 2014. There were 17 actions in the previous action plan. 16 actions were found to have been completed and one was not addressed. This related to the premises.

11 residents were accommodated on the day of inspection in four twin bedrooms and three single bedrooms. Communal accommodation consisted of a conservatory, visitor’s room, activities room, toilet, bathroom, sitting room and dining room. All residents were maximum dependency. A secure garden can be accessed by residents independently. Car parking is available to the front of the centre.

The inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records and accident logs. The numbers and skill mix of staff were appropriate to meet the assessed needs of residents and the size and layout of the centre. Communal areas were supervised and there was adequate staff to assist residents with their meals. Review of the roster showed that this was the usual staffing level.

Improvements identified as required during the inspection reviewing of care plans regarding the use of restraint, where the primary function of the measure is use is an enabler. Ensuring the submission of all required notifications to Chief Inspector and ensuring compliance with the regulations in respect of the premises. These matters are discussed in the body of the report and actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the report.
Outcome 01: Statement of Purpose

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

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose had been reviewed since the last inspection. It consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are provided for residents.

The statement of purpose complied with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:
Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The person in charge worked
closely with the provider who attended the centre regularly. The person in charge worked full-time and when on duty was always supported by one or two nurses. The person in charge explained that she had protected time to carry out specific functions such as updating care plans, auditing practices, reviewing policies and procedures. She also generally worked on the day that residents were admitted and had good knowledge of the resident’s physical psychological and social care needs. She regularly met with relatives. Many staff had worked in the centre for a substantial number of years and were familiar with the residents from previous admissions.

The inspector found that there was a system in place to monitor and review the quality and safety of the care provided. This was an action from the last inspection. A calendar of audits ensuring regular auditing of key areas had been developed. Audits on falls, medication management and residents records had been completed. Where deficits had been identified a quality improvement plan had been enacted.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed. A copy of this review has been submitted to HIQA.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**  
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The residents guide had been amended on the 13 October 2016. It was comprehensive and complied with the current regulations.

**Judgment:**  
Compliant

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**Outcome 04: Suitable Person in Charge**  
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.
Theme:
Governance, Leadership and Management

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

Findings:
The person in charge remained as was at the time of the last inspection. She is a suitably qualified registered nurse with experience in care of the elderly. She qualified as a nurse in 1976 and completed post graduate certificate in health care management in 2010. She demonstrated good knowledge of the residents’ needs and her statutory responsibilities and had submitted the appropriate notifications.

She was actively engaged in the governance and operational management of the centre. She had engaged in continuous professional development and completed a module in person centred care in dementia in 2011.

In 2016 she completed courses in recording clinical care, and cardio pulmonary resuscitation. Her mandatory training in safeguarding, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Actions from the last inspection related to staff files and the staffing rota. These actions had been addressed. Staff files contained all of the information as required by schedule 2 of the regulations.
The staffing rota had been reviewed and included the hours worked by all staff.

All of the written and operational policies listed in Schedule 5 of the Regulations were in place.

Judgment:
Compliant

### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge was supported by an assistant director of nursing who deputised in her absence. The assistant director of nursing worked full-time.

Judgment:
Compliant

### Outcome 07: Safeguarding and Safety

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

**Theme:**
Safe care and support

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

**Findings:**
The policy had been reviewed since the last inspection. Measures were in place to protect residents from being harmed or suffering abuse. Staff were aware of the policies and procedures to guide them to manage incidents of elder abuse and some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or
suspected abuse. A poster was on display in the nursing office detailing the procedure to adapt if an allegation or suspicion of abuse was reported. The staff training records showed that the principles of safeguarding vulnerable adults had been delivered to all staff and there was an ongoing training programme. The person in charge confirmed that all staff had verified Garda Vetting and this was obtained pre employment.

There was a visitors’ record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. A receptionist was available on entry. Entry and exit was controlled by staff.

Bedrails were in place for some residents. The person in charge explained that these were used as an enabler, however a rationale for their enabling function was not documented. Risk assessments were completed prior to the use of the restraint measure.

This centre offers respite care only. The centre does not manage any residents’ finances with the exception of pocket money which was kept in safe keeping for some residents for social outings. A transparent system with two staff signatures for all transactions was in place.

**Judgment:**
Substantially Compliant

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**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

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

**Findings:**
A process was in place for reviewing fire safety precautions. Records indicated the fire alarm was serviced quarterly and fire safety equipment and emergency lighting was regularly serviced. Fire exit signage and directional maps were located throughout the premises identifying the evacuation procedure. Staff spoken with by the inspector were knowledgeable of what to do in the event of a fire. Staff had received training in fire prevention and responding to a fire. Staff had taken part in fire drills and further drills were planned. Records of fire drills detailed any impediments to safe swift evacuation and impediments identified were addressed.

A risk register outlining risks identified and control measures in place to mitigate these risks were in place. The risk management policy included the measures in place to control the risks specified in the Regulations.
The centre was clean and well maintained with appropriate infection control procedures in place. All staff had undertaken manual handling training.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The maximum dose of PRN medications (as required) was outlined on the prescription sheets. Medications which were discontinued were signed and dated by the general practitioner.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

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

**Findings:**
Incidents had been notified to the Authority as required. Quarterly notifications had been submitted to the Authority. No NF40 -Nil return of quarterly and/or three day notification, had been submitted since 31 July 15.

**Judgment:**
Substantially Compliant

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**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of*
Evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
On admission, a comprehensive nursing and social care assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. Generally assessments were linked to the care plans, however there were some nutritional care assessments not linked to the care plans. Staff demonstrated good knowledge and understanding of each resident’s background in conversation with the inspector and care plans were person centred.

Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was evidence available of consultation with the resident and their significant other. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

There were no residents with wounds at the time of inspection. Where residents were deemed to be at risk of developing wounds preventative measures were identified including the provision of specialist mattresses and cushions. As this is a respite only service residents maintained contact with their own general practitioner and the centre had an arrangement with the local GP to provide medical care if required. Access to allied health professionals to include dietetic, physiotherapy and psychiatry was available.

The inspector met with the activities coordinator and observed activities taking place and reviewed documentation. Activities were taking place daily and there was a varied plan in place. An assessment was available of resident’s interests. Staff tried to maintain residents past interests by incorporating these activities into the schedule.

**Judgment:**
Compliant

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,
**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:**
Theatre have been on-going improvements to the premises. Improvements to the laundry and dirty utility room have been completed. A plan to add additional communal space for residents a staff room and relocation of bedrooms has been prepared by the provider. Currently there are two twin bedrooms with internal windows onto an internal corridor. While both these bedrooms have curtains to try and protect the privacy and dignity of residents, residents cannot utilise these bedrooms without the curtains being closed. Improvement is also required to add additional activity space for residents as the current communal area can be crowded when all residents and staff are utilising this area.

The provider has submitted an application to vary the time scale regarding condition 8 of the registration of this centre. Condition 8 states 'The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 18 February 2015 and letter dated 27 April 2015. The reconfiguration must be completed by 14 December 2016’. The provider has informed HIQA that funding has been agreed and the proposed refurbishment/extension will be completed by 18 December 2017. His application to vary requests that the time scale be extended to 18 December 2017. It is planned that the works will commence in June 2017.

At the time of this inspection the premises were clean and well maintained.

**Judgment:**
Non Compliant - Moderate

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

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
At the time of the last inspection there were three actions detailed under this Outcome. All three actions had been addressed. The complaints procedure has been updated. Details of whether the complainant was satisfied with the outcome of the complaint was detailed. The name of the person who held a monitoring role to ensure that complaints were responded to and records maintained was detailed in the policy and the complaints procedure detailed the address and telephone number of the ombudsman.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There were three actions detailed under this outcome. All actions had been addressed. The person in charge explained that as this centre was a respite only centre it was very seldom a resident died in the centre. There were no deaths to date in 2016. When residents were being admitted staff spoke with the resident and where appropriate the residents’ relatives regarding end of life care. The person in charge was aware of the requirement for DNAR (do not attempt resuscitation) orders to be documented as a clinical decision. One resident had a DNAR order in place and this was clearly outlined in the care file. There was very good evidence of involvement of the resident and their family in the decision making process regarding this decision.

Policies and procedures were in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual. The inspector found that care plans were in place detailing the views and wishes of residents regarding their preferences for end-of-life care. At the time of the inspection no residents were receiving end of life care. Palliative care services were available for those who needed them.

Residents’ cultural and religious needs were supported. Staff had undertaken training in end of life care.

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

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

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

**Findings:**
At the time of the last inspection inspector found that further improvement was required to documentation to ensure it supported residents to communicate, for example the provision of relevant procedures in an easy read format. This had been addressed. New signage had been erected to assist residents find their way around the centre and promote orientation and independence. Pictorial menus had been developed. An advocacy service was available to residents in the centre and communication mats were available to assist residents to communicate.

Inspector also found at the time of the last inspection that screening in shared bedrooms required review that had been addressed. Beds in shared rooms could be screened individually to ensure each residents privacy and dignity was respected.

**Judgment:**
Compliant

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

**Theme:**
Workforce

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

**Findings:**
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 reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Staff were available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, management of responsive behaviour, dementia care and health and safety. Care plan training was scheduled for the 27 November 2016.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment process. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

**Judgment:**
Compliant

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**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:**

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

Centre name: Marian House Alzheimer Unit
Centre ID: OSV-0000358
Date of inspection: 24/11/2016
Date of response: 04/01/2017

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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Bedrails were in place for some residents but a rationale for their enabling function was not documented.

1. 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

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

Please state the actions you have taken or are planning to take:
A rationale for all residents using restraint as an enabler will be documented in all care plans going forward.

Proposed Timescale: 13/01/2017

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No NF40 -Nil return of quarterly and/or three day notification, had been submitted since 31 July 15

**2. Action Required:**
Under Regulation 31(4) you are required to: Where no report is required under regulation 31(1) or 31(3), report this to the Chief Inspector at the end of each 6 month period.

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

Proposed Timescale: 18/01/2017

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Currently there are two twin bedrooms with internal windows onto an internal corridor. While both these bedrooms have curtains to try and protect the privacy and dignity of residents, residents cannot utilise these bedrooms without the curtains being closed. Improvement is also required to add additional activity space for residents, and a staff room as the current communal area can be crowded when all residents and staff are utilising this area.

**3. 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:
Reconfiguration works to bring building up to HIQA standards will commence in June 2017 with a target completion date of December 2017

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