

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Brigid's Home
Centre ID:	OSV-0000472
Centre address:	Crooksling, Brittas, Co. Dublin.
Telephone number:	01 458 2123
Email address:	johnj.nestor@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Dempsey
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	2

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: 04 April 2017 07:00 To: 04 April 2017 18:00

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

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The provider had recently completed a self assessment tool on dementia care and had assessed the compliance level of the centre as compliant for all outcomes with the exception of premises.

This inspection found that the outcomes for safety and safeguarding and complaints were compliant. The outcomes for rights, dignity and consultation and health and social care were moderately non compliant. The outcome for premises was majorly non compliant.

Inspectors found a good standard of care was being delivered to residents in an atmosphere of respect and cordiality. Residents were warmly and appropriately dressed. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviours that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low-key unobtrusive manner. Residents praised staff who they said were approachable and helpful.

Residents' had access to medical officers and allied health professionals, such as physiotherapy and, speech and language therapists, and access to community health services was also available. Some improvements were required, including assessment and care planning processes.

The action plan of this report highlights the matters to be addressed. It also identifies where premises did not conform to Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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:

The findings of the last inspection required actions to improve care planning and assessment processes to make them more specific and ensure they meet residents' needs. Although evidence of some efforts to improve care planning and assessment was found, further improvements were required.

A review of specialised seating requirements to ensure all residents were fully supported while seated was also required. This was addressed on this inspection.

Improvements to care planning and assessment, and also to the documentation and recording of care, in line with the centre's policies were required. Overall the clinical documentation, in particular care plans and assessments, were not sufficiently linked, or complete, in order to determine that risks were appropriately managed in a manner that did not negatively impact on residents' associated physical, social, or psychological needs.

Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. Samples of these clinical records were viewed. The inspector found that these contained the minimum information required to manage the health problem. The information was general and not person centred.

Some assessment forms viewed were not fully completed and some were not reviewed when residents needs changed. Examples included: moving and handling risk assessments that were not updated when residents' mobility deteriorated, and risk of absconsion assessments where residents displayed wandering behaviours and/or exit seeking behaviours. The care plans in place to manage the problems associated with deteriorating mobility were viewed. These did not guide staff practice on the appropriate form of assistance to be provided to the resident. The need for assistive equipment such as: walking frames, transfer belts, hoists or other measures were not identified. This created potential risks for the provision of safe care to residents. Through observation, and in conversation with staff, the inspector learned that staff

assisted a resident to transfer from bed to a chair without using assistive devices, but by placing their arms under both shoulders and pulling upwards. This form of lifting is considered unsafe for both staff and residents.

A care plan or missing person profile was not in place for one resident identified as at risk of absconson. All care plans were not reviewed to dermine their effectiveness or updated as residents needs changed. Care plans in place for management of responsive behaviours did not contain the required information to guide the care for some residents. The plans did not include known triggers for the behaviour or person-centred information on which to base appropriate interventions. The inspector noted that this had resulted, in more frequent use of, as required, medication to manage behaviours, in one instance, than may otherwise have been necessary.

The centre's policy on managing responsive behaviours also directed staff to complete behaviour monitoring charts. These are used to enable staff build a real time and reflective picture of possible reasons for the behaviour, how the behaviour is manifested and what the most effective measures are to prevent or reduce recurrence. The inspector found these were not being maintained for all residents displaying responsive behaviours.

As referenced under Outcome 2, a reduction in the use of restraints in the form of bed rails was found. Samples of bed rail risk assessments were viewed. These included an assessment for risks of entrapment, and the rationale for the use of the device was recorded. The centre's restraint policy directed staff to ensure that where bed rails are in use, opportunities for mobility, motion, or passive exercise must be provided every two hours for a minimum of 10 minutes. The policy also stated that, documentation of these release periods, to include detail of the specific activity provided, was to be recorded. The inspector viewed a sample of these records. Those viewed did not evidence regular release of the restraint, or the activity, as required by the centre policy and current best practice guidance.

Repositioning records were in place and samples of these were also viewed, as these could also evidence release of the restraint, and opportunity for movement, during care provision. However, they did not demonstrate evidence of regular release, and in some instances, did not evidence that the care plan, for some resident's requiring two hourly repositioning, was being implemented.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and where required, daily intake charts were in place to monitor food or fluid intake.

Menus were available and all residents were offered choice at each meal. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. 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.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents and follow appropriate administration practices.

Details of all medicines administered were correctly recorded. Prescribed medications

were regularly reviewed by a medical officer. However, it was noted that medication management practices did not fully adhere to current professional guidance where:

- Date and times of opening were not identified on all topical creams to ensure they were discarded appropriately in line with manufacturing instructions.
- The labels, in place on some opened topical drops, did not identify the resident for whom it was prescribed.
- The nurse, despite wearing a red tabard requesting not to be disturbed, was regularly interrupted during the medicine administration. This resulted in the duration of the administration lasting two hours and outside of the timeframes recommended for administration for medications prescribed to residents at specific times. The inspector acknowledged the impact of the inspection, on the extended duration observed, but also learned that the morning medication administration process regularly takes at least an hour and a half to complete.

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:

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. Residents unable to verbalise their thoughts, did not exhibit behaviours associated with fear or distress. Relatives also confirmed that they did not have any concerns for the safety of their loved ones.

Staff spoken to by the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. The inspector observed staff interactions with residents and noted their person-centred approach using good communication skills in a patient calm manner.

Efforts to promote of a restraint free environment were on-going with continued use of alternative measures such as low-low beds, mat and bed alarms noted. Assessment of risks, associated with the use of restraints such as bed rails and lap belts, were in place and regularly reviewed. Nevertheless, improvements to some aspects of the risk assessment process in place to ensure residents' safety and comfort were required. This is detailed under Outcome 1 in this report.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

Actions required from the last inspection in respect of improvements to range and availability of activities to residents who did not participate in group activities were addressed. Improvements to pictorial signage were also required and some were found.

However, the layout of the current physical premises and the impact on residents' privacy and dignity and ability to maintain their independence persists. The provider and person in charge were aware of the limitations of the premises and efforts to address this were ongoing. Through observation, and in conversation with some residents, the inspector found, that, despite the reduction in bed numbers, the facilities did not promote residents privacy and dignity. Negative impacts, in terms of, suitable bedroom accommodation or access, to sufficient and appropriate shower and toilet facilities remained. The inspector observed a high use of commodes in bedroom areas due to the insufficient and inappropriate location of toilet facilities. Staff were diligent in ensuring screens were used at all times and air fresheners were also used to reduce odours. Despite this, however, the inspector observed that some residents, due to the layout, had to use a commode in the bedrooms or ward areas of others, impacting on their personal space.

A number of residents told the inspector of the difficulties they had encountered with sleeping in communal bedrooms. The inspector learned that they experienced sleep disturbance due to noise such as movements or night habits of others, and doors banging.

Pictorial signage had improved although way-finding through signposting could be further improved. Also a former staff canteen area was being renovated to provide a recreational kitchenette for residents which would enable residents' involvement in culinary activities such as baking.

Efforts to improve the range and frequency of opportunities for residents to participate in activities that were meaningful to them, was noted. A weekly activities programme

was in place delivered by a team of activity coordinators. The programme included a mix of activities, intended to stimulate residents both physically and mentally, such as: crosswords, music, ball games, stretching exercise, and sing-a-long sessions. Regular outings were also planned, and resources, including access to a wheelchair accessible bus, were available to enable residents access the local community. Recent trips over the christmas period included concerts, shopping and trips to the phoenix park. A group of ten residents attended a concert in the national concert hall last week and a trip to Rossborough house was planned for the day following the inspection. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation. The inspector was told that one to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages.

Residents' religious needs were met with Mass celebrated in the centre on a weekly basis.

Residents had access to an independent advocacy service. A link advocate was assigned who facilitated residents consultation meetings bi-monthly. Minutes of meetings were viewed and discussions included activities quality of food, staffing levels and residents rights. The minutes indicated residents' overall satisfaction with the quality of care and life in the centre.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person centred way.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

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:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints, there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant

further to issues being resolved.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Findings:

Actions arising from the last inspection to improve staff supervision and appraisal systems were addressed on this inspection

Suitable and sufficient staffing and skill mix were found to be in place, on this inspection, to deliver a good standard of care to the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that the majority were regular in an effort to maintain consistency of care.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. A training plan for 2017 was in place and had commenced. A number of healthcare assistants were undertaking the FETAC level 5 certificate. Clinical nurse managers were scheduled to attend management in practice training. Further training was planned in areas such as: assisted decision making, clinical audit, nutrition, consent and capacity, management of responsive behaviour, medication management and sensory stimulation activity training.

Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system, that discussed the continuous performance and training of staff with each staff member was being established, .

Good recruitment processes were in place including a Garda vetting process. A sample of staff files were viewed and were found to meet all of the requirements listed in

Schedule 2. Assurances that all staff completed the Garda Síochána (police) vetting process prior to commencing employment were received.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

A restrictive condition was included on the last registration certificate for the centre. The condition states that the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 29 April 2015. The reconfiguration must be complete by 30 December 2017.

Actions required from previous inspections with regard to improving the premises to meet the requirements of the regulations and standards were not addressed. Plans for a purpose built 100 bed unit, to replace the existing premises, were previously submitted in April 2015 by the provider, but construction had not yet commenced.

Ongoing efforts to maintain the premises to a good standard and provide a warm, comfortable living environment were noted.

Since the last registration inspection, the numbers of places available, were reduced to 55, in order to provide more space to the existing resident profile. The centre consists of three units on the ground floor, Ruben, Bethany and Beech. Each unit contains a nursing station and small kitchenette. They also contain two large sitting rooms, in enclosed verandas, immediately adjacent to the bedroom areas. Separate dining areas are not available. Instead, part of one sitting room in each unit, is set up as a small dining area, with four tables to accommodate residents.

Issues, arising from previous inspections, were recurrent on this inspection. These primarily relate to the negative impact on the privacy and dignity of residents related to the layout of the centre and the lack adequate facilities for residents. These findings are detailed under outcome 3 of this report.

The Ruben Unit accommodates 19 residents. It is comprised of four, four bedded rooms, and a two bedded ward, joined by a long corridor. There is also one single room, with shower and toilet en suite at one end of this unit. There are two assisted showers with toilets and one additional separate toilet. With the exception of one shower and toilet located adjacent to one end of a four bedded ward the remaining toilet and shower are not within ease of access to either wards or the sitting room for residents.

The Bethany Unit accommodates 17 residents in one eight bedded room, one six bedded room and a three bedded room. There is one single toilet and one assisted shower and toilet which is insufficient for the number of residents accommodated. It is not easily accessed from the sitting room or the wards and is a considerable distance from both.

The Beech unit accommodates 19 residents. It consists of four three bedded and three twin bedrooms, in a series of interconnecting bays. It also contains one separate single bedroom. There is one combined shower bathroom with toilet and one separate toilet. Similar to the other units, the number of showers and toilets, are not sufficient, to meet the needs of the residents accommodated, and are not located within easy access to the sitting rooms or bed areas.

Other facilities were available in the centre such as main kitchen, visitors room, activities area, staff dining room and offices. However, these were not reviewed on this inspection.

Efforts to make the centre a more comfortable and welcoming living environment were found. The reduction in bed numbers provided more space around many residents' beds. Where this was feasible it had enabled some residents to create a more personalised sleeping area. However, this was not always the case particularly in the larger ward areas where space around some beds remained limited.

Some residents had taken in items of home furniture such as a decorative armchair. Others had old style dressers to hold their personal mementos. Call bells were available in the bedroom areas, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm. Assistive equipment was in place and available for use and in good working order.

Signs to identify the function of some rooms were in place, although, primarily in word format. Pictorial signage was used to identify bedroom and bathroom areas. Some non-verbal cueing was in place although could be extended to include picture cueing on menus and the activity programme. However, improvements to make the centre more easily accessible to residents with dementia were required. Although the colours used to decorate the centre were muted, contrasting coloured toilet seats were in not place. A colour contrast scheme for toilets and bathrooms, to differentiate these from bedrooms was not in place. Contrasting colours make it easier for people with dementia to recognise and remember room locations.

Judgment:

Non Compliant - Major

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:

Nuala Rafferty
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Brigid's Home
Centre ID:	OSV-0000472
Date of inspection:	04/04/2017
Date of response:	09/05/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

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

Care plan education will take place concentrating on specific interventions for the individual and will be completed by the 28th June

A further care plan audit will take place by the end of June to identify any gaps in staff knowledge of care planning requirements.

Proposed Timescale: 30/06/2017

Theme:

Safe care and support

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

Complete comprehensive assessments were not carried out for each resident in respect of every identified need.

2. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

All current assessments on the residents will be reviewed by the 28th June. A referral system is currently in place for referral to the multidisciplinary teams for example, speech and language, occupational therapy, Physiotherapy, Gerontology and Psychiatry of later life. A comprehensive careplan audit will be completed by 28th June. The evaluation of the audit will be completed by 12th July and all RGNs will be spoken to by Sept 30th. Any issues with care planning will be discussed with the nurses and solutions sought. A meeting has taken place with the person in charge on each unit to explain the necessity to complete assessments and care plans within 48 hrs of admission.

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

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

Overall the clinical documentation, in particular care plans and assessments, were not sufficiently linked, or complete, in order to determine that risks were appropriately managed in a manner that did not negatively impact on residents' associated physical, social, or psychological needs.

3. Action Required:

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

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

Risks assessments will be reviewed by the end of July 31st and linked to care plans to ensure safe care for the residents.

Proposed Timescale: 31/07/2017

Theme:

Safe care and support

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

Medication administration practices did not fully to adhere to current professional guidelines where:

- Date and times of opening were not identified on all topical creams to ensure they were discarded appropriately in line with manufacturing instructions.
- The labels, that were in place on some opened topical drops, did not identify the resident for whom it was prescribed.
- Regular interruptions of the nurse during morning medication administration resulted in the duration of the administration lasting two hours and outside of the timeframes recommended for administration for medications prescribed to residents at specific times.

4. 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:

The Person in Charge (PIC) for each unit have been instructed to ensure that all creams and topical drops have patients names and dates of opening on their labels. New labels have been requested for the medications which have more detail on them. The PIC in each unit has been requested to ensure that staff nurses doing medications has minimal or no interruption.

Medication management audits will take place by the 31st August 2017 and any issues identified from these audits will be addressed by providing education for staff on administration of medication.

Proposed Timescale: 31/08/2017

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 layout of the centre and lack of suitable facilities did not enable residents to undertake personal activities in private.

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:

Funding has been approved for a new 100 bedded designated centre for older persons in Tymon North. A contractor has now been assigned and the building of the centre will begin in June 2017. It is envisaged that the centre will be completed by December 2019, and that residents from St Brigids will be facilitated to live in this centre. This new centre will incorporate single and double rooms to ensure privacy for residents in order to allow them undertake personal activities in private.

Proposed Timescale: 31/12/2017

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:

Plans previously submitted in April 2015 to reconfigure the centre were due for completion by December 2017. Evidence of progress on these plans was limited and construction on the new replacement unit had not yet commenced.

6. Action Required:

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

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

Funding has been approved for a new 100 bedded designated centre for older persons in Tymon North. A contractor has now been assigned and the building of the centre will begin in June 2017. It is envisaged that the centre will be completed by December 2019, and that residents from St Brigids will be facilitated to live in this centre. This new centre will incorporate single and double rooms to ensure privacy for residents in order to allow them undertake personal activities in private.

Proposed Timescale: 31/12/2019

Theme:

Effective care and support

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

All aspects of the design and layout of the centre were not suitable for the purpose of achieving the aims and objectives set out in the statement of purpose as identified on previous inspections.

7. 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:

Funding has been approved for a new 100 bedded designated centre for older persons in Tymon North. A contractor has now been assigned and the building of the centre will begin in June 2017. It is envisaged that the centre will be completed by December 2019, and that residents from St Brigids will be facilitated to live in this centre. This new centre will incorporate single and double rooms to ensure privacy for residents in order to allow them undertake personal activities in private.

Proposed Timescale: 31/12/2019