### Health Information and Quality Authority

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Youghal Community Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000577</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cork Hill, Youghal, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>024 92106</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:youghalcommunityhospital@hse.ie">youghalcommunityhospital@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
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<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>38</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>16 January 2017 10:15</td>
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</tr>
<tr>
<td>17 January 2017 10:00</td>
<td>17 January 2017 17:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Major</td>
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**Summary of findings from this inspection**

This report sets out the findings of a thematic inspection that focused on six specific outcomes relevant to dementia care. The inspection was unannounced and took place over two days. As part of preparation for the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed and issued to providers on best practice in dementia care, and also to inform expectations around the inspection process. A completed self-assessment on dementia care, along with relevant policies and procedures, was submitted prior to the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016. The table below sets out the self-assessment ratings for each Outcome alongside the rating as
assessed on inspection. The inspector met with residents, relatives, staff members and the management team. The person in charge was in attendance throughout the inspection. Of the 36 residents who were residing in the centre at the time of the inspection, approximately 12 had a confirmed diagnosis of dementia. The centre did not have a specific dementia unit and resident care was integrated throughout all areas of the centre. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. Relevant documentation such as policies, medical records and staff files were also reviewed. The service was appropriately resourced to deliver effective healthcare. There was consistent access to medical and allied healthcare services as needed. At times during the inspection, a standardised observation recording tool was used to assess care practices and interactions between staff and residents. Observations during these periods were positive and consistent with those generally noted throughout the inspection. Management and staff articulated a commitment to person-centred care and improvement; this was reflected in the good practice identified and the positive communications noted between staff members and residents.

This centre was last inspected on 6 January 2015 and a copy of that report is available at www.hiqa.ie. Procedural issues identified during that inspection had since been addressed. However, action to improve the design and layout of the premises was still outstanding. Management confirmed that undertakings in this regard were progressing in keeping with a previously agreed action plan. However, issues in relation to the physical premises continued to impact on the quality of life for residents. In particular the lack of facilities and space around dining, storage and recreation limited arrangements to meet residents’ needs in relation to privacy, dignity, choice and autonomy. These issues are set out in greater detail in the body of the report.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This Outcome assesses the arrangements in place to meet the health and social care needs of residents with dementia or a cognitive impairment. The assessment of activities and interactive social engagement is addressed in greater detail at Outcome 3.

At the time of inspection the centre was in the process of adopting a new format of care plans, in keeping with a standardised template being implemented across the HSE organisation. The person in charge explained arrangements that were in place to ensure the transition of information was timely and appropriately managed by nominated nursing staff. The inspection established that there were suitable arrangements in place to meet the health and nursing needs of all residents, and that relevant care planning protocols were in place to manage the assessed needs of residents with dementia or a cognitive impairment. Pre-admission and admission procedures included comprehensive assessments by an appropriately qualified person. Care plans were developed in line with admission assessments. A sample of care plans was tracked on inspection, with a focus on dementia-related care. These plans were reviewed regularly in keeping with regulatory requirements, or as the needs of the resident changed. The care planning process used validated tools to assess residents’ needs across a range of care components; in relation to mental wellbeing, cognitive function, nutrition and abilities around the activities of daily living, for example. Relevant, person-centred plans of care were in place around the activities of daily living. A ‘key to me’ information template recorded interests and background information. A ‘my day, my way’ template reflected personal preferences, likes and dislikes. Specific plans were in place for individual issues identified, such as wound care, pain, mobility and the management of personal hygiene. Manual handling plans provided relevant guidance on how to move a resident, including the resources or assistive equipment required. Nursing staff were able to access information easily and describe care arrangements that were in keeping with the records reviewed. Signed consent forms were in place and communication notes indicated that residents and their family were met with regularly, and that discussions around care took place.

The centre was well-resourced with regular access, or as required, to allied healthcare
professional services. These included speech and language therapy, podiatry, dental and optical services. Where such referrals had taken place, the care plans had been updated appropriately to reflect any revised instructions around care. Advice on diet and nutrition was based on relevant, dated assessments. Oral healthcare was regularly assessed. Podiatry services were provided and residents received regular reviews. The services of a physiotherapist were available on-site and residents were seen to receive direct care in this regard during the inspection. Residents were regularly monitored and routine observations were recorded. An annual vaccine programme was in place. A consultant geriatrician routinely attended the centre and reviewed residents as required.

Appropriate arrangements were in place to access palliative care services. Records indicated staff members had attended relevant training. Staff and management demonstrated a person-centred approach to the care of residents at end-of-life. Relevant policies and procedures were in place and the centre provided residents with a private room at this time, where possible. The person in charge confirmed that a number of staff were currently scheduled to attend specific training on advanced care planning. There was a small oratory on the ground floor that supported the delivery of pastoral services. Additionally, the relatives of residents could avail of a small lodge on-site where circumstances required, for example during palliative care.

Policies and procedures were in place that provided relevant directions to staff on the assessment of needs, and provision of care, in relation to food, nutrition and hydration. Residents with dementia were assessed in relation to their abilities around eating, drinking and swallowing. Records reflected advice from a speech and language therapist where appropriate and relevant care plans, if necessary. A dietitian provided advice on menu development and was involved in the delivery of training. Staff members had received training on dysphagia. Staff members spoken with demonstrated an effective understanding of the importance of nutrition generally, and particularly for those residents with dementia or a cognitive impairment. The centre had regular access to a dietitian. Catering staff were able to describe communication systems with care staff that ensured the meals and drinks for residents with assessed needs were appropriately prepared and served. A record of residents with specific dietary needs, or functional requirements, was available for reference and kept under review. Staff were seen to ensure that residents with dementia were encouraged to drink regularly.

Processes in relation to medicines management were reviewed with a member of nursing staff. All nursing staff had received relevant training in 2016. A signature bank was in place for both nursing staff and prescribers. The storage and handling of medicines, including controlled drugs, was safe and in accordance with relevant guidelines and legislation. Written policies and procedures on medicines management covered those areas required by the regulations, including the ordering, prescribing, storing and administration of medicines. A sample of prescription and administration records was reviewed that contained the necessary biographical information, including a photograph. The administration of medicines, and its recording, was in keeping with guidelines. The records also reflected instructions, where medicines required crushing, that were appropriately authorised by the prescriber. Administration records allowed for annotation where a resident might refuse medication; this was then noted for review by the GP. The pharmacist reviewed all prescribed medicines monthly. The administration of psychotropic medicines was regularly monitored and relevant audits around the
management of medicines were in place.

The healthcare, assessment and care planning processes, as demonstrated by this service throughout the inspection, were appropriate to meet the health and nursing needs of residents with dementia or cognitive impairment.

Judgment:
Compliant

## Outcome 02: Safeguarding and Safety

### Theme:
Safe care and support

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

### Findings:
Areas for improvement previously identified had been addressed and, of the case notes sampled for review, documentation was in place and appropriately maintained in relation to the monitoring of bedrails when in use.

Safeguarding measures in place included relevant policies and procedures to manage allegations of abuse. The person in charge was qualified to deliver training to staff on the relevant procedures around recording and reporting instances of abuse. A review of the training matrix indicated that all staff had received current training in this regard. Staff members spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information.

A relevant policy was in place to direct staff in understanding and responding appropriately to behaviours that might challenge. The policy referenced possible underlying causes of such behaviours, including dementia. Staff had attended training on the management of confusion and delirium, and how to understand and manage dementia related responsive behaviours. Staff members spoken with were able to explain the importance of effective communication in identifying the possible causes of such behaviour as it might relate to an underlying healthcare issue or a physiological need. Staff were seen to demonstrate a good understanding of residents’ individual habits and preferences, and were seen to respond with appropriate reassurances and diversions where residents might present with a dementia related anxiety.

Guidance on the use of restraint was in place that referenced current standards and legislation and promoted the use of restraint only as a last resort. Management described a commitment to a restraint-free environment and practice in this regard included multi-disciplinary consultation when considering the use of a restraint. A physiotherapist routinely provided input to the decision process on the use of bedrails or
lap-tables. In relation to bed safety this process considered alternatives to bedrails such as low beds and safety mattresses, for example. Where bedrails or lap-tables were in use, related care plans reviewed by the inspector contained documented assessments and consent forms. A register was in place to record the monitoring of bedrails, when in use, at timed intervals. Records on the use of restraint were returned regularly on a quarterly basis in keeping with regulatory requirements.

**Judgment:**
Compliant

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**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:**
Visiting arrangements were open and a good number of visitors were seen to attend during the inspection. Visitors spoken with remarked positively on their experience of care and communication by staff and management at the centre.

A number of staff had received training in dementia care. Staff members were able to explain the impact cognitive impairment might have on the mood and behaviour of a resident. The inspector noted several instances where staff members provided continual support in repeating actions for a resident, in order to alleviate that resident's anxieties around a compulsive behaviour. Residents with dementia were seen to mobilise independently and, in instances where they sometimes became confused or disoriented, staff provided considerate support and assistance as appropriate. Residents spoken with said they were well cared for and felt safe at the centre.

Consultation with residents was encouraged and documentation was available that reflected regular attendance by two independent advocates. Records of these attendances indicated that the advocates met with residents and gathered information about their opinions and preferences on matters of interest, such as menu choice and activities for example. A relevant communication policy was in place. The centre was integrated in the community with both residents and staff members from the local area. Local newspapers were available and residents also had access to radio and TV. The inspector noted that, where closed circuit television (CCTV) monitoring was in use in the centre, it was restricted to external access areas only.

The inspector met with an activity coordinator who had received appropriate training and could describe appropriate activities for residents with dementia, including the benefits of focusing on sensory stimulation in such activities. A regular programme of
activities were regularly provided that included music, song, Sonas and hand-massage or nail-painting. A physical exercise programme, under the supervision of the physiotherapist, took place during the inspection. Residents with cognitive impairment were seen to enjoy an exercise therapy session appropriate to their abilities. The inspector noted that members of staff and management engaged with all residents as a matter of course. Residents with advanced dementia were also routinely saluted and reassured by staff as they went about their duties.

As outlined in Outcome 6, the design and layout of the centre was not in keeping with regulatory requirements. Management acknowledged that the constraints of the environment had a negative impact on the quality of life for residents, in relation to their privacy, autonomy and freedom choice. There was no designated dining area and many residents routinely took their meals at their bedside, often in multi-occupancy rooms for up to four residents. Residents requiring full assistance with their meals could not always be afforded the appropriate privacy to receive this care with dignity. A private room was available for residents to receive visitors. However, as many residents were in multi-occupancy rooms, the practical availability of this resource was limited. Privacy screens were in use. However, they were inadequate in ensuring privacy of communication between residents and visitors, or during medical consultations. Residents in multi-occupancy rooms were also restricted in how they could personalise their individual space. There was only one communal seating area on the ground floor. The lack of communal space restricted participation in activities by all residents. Residents who did not want to participate in an activity had little choice but to return to their room. In many instances this was a multi-occupancy room where even watching preferred programmes on TV could be difficult due to noise and interruption. It was evident that staff and management made optimum use of available resources to meet the individual needs of residents with dementia. There were examples where residents with behavioural issues, who were disturbing other residents, had been provided with a single room. However, staff and management confirmed that this facility was not always available.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. These took place during discrete 5 minute periods in a block of 45 minutes. Interactions recorded during these periods of observation were consistently positive. Residents with dementia or cognitive impairment were given personalised attention by staff when delivering care. Staff were attentive and responded to needs appropriately, for example ensuring that drinks provided were accessible for residents and that those who required help with drinking were assisted in an appropriate manner. Staff were also interactive with residents while they delivered care, making conversation and checking preferences and comfort levels.

Judgment:
Non Compliant - Major
### 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:
A written operational policy for the management of both verbal and written complaints was in place, dated September 2016. This document referenced organisation wide protocols in relation to the management of complaints about either the service or members of staff. It also identified the complaints officer and the person responsible for oversight of the complaints process, as required by the regulations. A copy of the procedure was displayed both at the entrance to the centre and on the access area of the first floor. The policy set out how to make a complaint and also outlined the expected time frames for resolution. Information was provided on the appeal process that included contact details for the office of the Ombudsman. A summary of this information was available in the statement of purpose.

Complaints were documented that recorded the necessary information around the complainant and the nature of the complaint. In keeping with action required from the last inspection, information was also recorded around responsive actions and whether the outcome was resolved satisfactorily. The organisation also had in place a system of oversight whereby data from complaints made locally was gathered for analyses and review at a national level for learning and feedback. The person in charge confirmed that there had been no requests seeking review through the appeal process.

### Judgment:
Compliant

### Outcome 05: Suitable Staffing

#### Theme:
Workforce

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

#### Findings:
A planned and actual staff roster was in place that recorded a staffing level appropriate to meet the needs of the residents, having consideration for the size and layout of the centre. Staffing levels were discussed with management who confirmed that the centre was operating at full complement. The skill mix of staff was appropriate to meet the assessed needs of residents. A qualified, registered nurse was on duty at all times. Recruitment procedures were in place that verified references, qualifications and training for all staff. A sample of staff files was reviewed and documentation was appropriately...
maintained as per Schedule 2 of the regulations. The person in charge described a comprehensive induction programme for new staff.

Recruitment and training records and procedures were reviewed; the inspector spoke with staff and management in relation to these processes. Management described systems of staff supervision that included mentoring, line management and performance coaching. A comprehensive programme of training was in place. Staff members confirmed that the training they had received was relevant to their role and were able to explain their responsibilities in relation to the care and welfare of residents. Records indicated that all staff had received current training in the mandatory areas of fire safety, abuse and manual handling. The person in charge also confirmed that a number of staff had been provided with dementia specific training that included, for example, enhancing and enabling wellbeing for people with dementia, and active therapy for people with dementia. A member of staff with responsibility for the activities programme had received relevant training and was able to explain how this informed the development of meaningful activities to support health promotion and improve quality of life for all residents.

At the time of inspection the system of supervision was directed through the person in charge with the support of designated administrative staff. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. Supervision was also implemented through monitoring and control procedures such as audit and review. Security protocols around medication such as controlled drugs were effective. The person in charge understood the regulatory requirements for volunteers, including independent advocates, and confirmed that Garda vetting was in place for all staff as required.

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:**
As previously outlined management confirmed that substantive plans were in place to reconfigure the design and layout of the centre. Interim measures that had been taken since the last inspection to improve the environment included the conversion of a smoking room into an area where residents could receive visitors in private.
The centre was a two-storey building, originally built in the 1930’s, that had previously functioned as a district hospital. The centre was on a hill-side location with a scenic view overlooking Youghal bay. Parking facilities were available on-site. Accommodation was laid out over two floors with capacity for nineteen residents on each floor. Access between floors was serviced by both stairs and lift. The layout of accommodation and facilities was as detailed in the statement of purpose. In summary, the ground floor comprised two single and two twin rooms. There was also a four-bedded ward and three wards accommodating three residents in each. There were seven single rooms and four, three-bedded wards on the first floor. En-suite facilities were provided in four of these rooms and all others were equipped with a wash-hand basin. Bathroom and toilet facilities were accessible and appropriately located throughout the centre. Assistive equipment such as hoists and wheelchairs were available and many rooms were equipped with an overhead hoist facility. Certification for the service and maintenance of equipment was current and available for reference. Many residents’ rooms were well furnished and equipped with a call-bell facility and adequate storage; however, several did not provide lockable storage.

The person in charge explained that a regular schedule of maintenance was in place. A recent environmental audit had identified areas that required painting and outdoor seating facilities had been redecorated. The centre retained the services of a designated maintenance officer. The premises were clean and well maintained throughout. Furnishings were in good condition and comfortable. Heating, lighting and ventilation was appropriate to the size and layout of the centre.

Staff facilities included a shower, toilet and changing area, and a small kitchenette facility. These were located in an annex between the ground and first floor. Administration offices were located on the ground floor; each floor also had a nurses’ station. The kitchen on the ground floor was appropriately laid out and equipped to deliver a catering service in keeping with the size and occupancy of the centre. There was no laundry facility on-site and all laundry requirements were met through contracted services.

There was one large day-room on the ground floor which was the only space in the centre where residents could congregate together. This room was easily accessed by two double doors and was laid out with seating to watch TV, or take in the views over the bay. The maximum number of residents that could be accommodated in this area was approximately 15, depending on their assisted seating requirements. There was no designated dining area and many residents had no choice but to have their meals in their room. Where residents were accommodated in a multi-occupancy room they were often restricted to this space to receive visitors, or treatment and consultation. Additionally, storage facilities were limited and assisted bathrooms were being used to store equipment. Furniture and equipment was also variously stored on corridors at times.

In summary, as identified on previous inspections, the design and layout of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The impact of these issues in relation to privacy and dignity is outlined at Outcome 3.
In relation to the specific needs of residents with dementia, there were instances where signage and visual prompts were used to good effect in supporting residents with a cognitive impairment in their orientation. These included personalised signs and illustrations on facilities for example. These visual prompts and supports could be further developed in order to support the needs of those with a cognitive impairment.

**Judgment:**
Non Compliant - Major

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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:**

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report¹

<table>
<thead>
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<th>Centre name:</th>
<th>Youghal Community Hospital</th>
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<tbody>
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<td>OSV-0000577</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16/01/2017</td>
</tr>
<tr>
<td>Date of response:</td>
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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 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 lack of communal space restricted participation in activities by all residents.

1. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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:
Substantive plans are being drawn up for the redevelopment of Youghal Community Hospital (YCH) to ensure that the unit is compliant with required standards and this includes 2 sitting rooms a recreational room, a quiet room, 2 dining rooms a meeting room and a family room. All bedrooms are being reconfigured and a number of single en-suite rooms will be provided in the new development. The building is expected to be completed in December 2019.

Proposed Timescale: 31/12/2019
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents requiring full assistance with their meals could not always be afforded the appropriate privacy to receive this care with dignity.

2. 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:
Refurbishment as above. All residents are individually assessed and every opportunity will be taken to ensure that residents receive the appropriate privacy for meals.

Proposed Timescale: 31/12/2019
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements were inadequate to ensure privacy of communication between residents and visitors, or during medical consultations.

3. Action Required:
Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

Please state the actions you have taken or are planning to take:
Refurbishment as above. Staff will continue to utilise any free room where possible to ensure that residents have the opportunity to have private meetings with relevant people.

Proposed Timescale: 31/12/2019
**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 design and layout of the premises did not conform to the matters listed in Schedule 6 of the regulations in that:
- communal space was inadequate,
- there was no dining area,
- equipment storage space was inadequate,
- some rooms did not provide lockable storage.

4. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The refurbishment as described above will provide adequate communal space, a dining room on each floor, and storage space.
The rooms that do not have lockable space will have this provided.

Lockable storage September 2017

**Proposed Timescale:** 31/12/2019