

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Padre Pio Nursing Home |
| Centre ID: | OSV-0000082 |
| Centre address: | 50 / 51A Cappaghmore, Clondalkin, Dublin 22. |
| Telephone number: | 01 457 3339 |
| Email address: | maura@padrepionursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Galfay Limited |
| Lead inspector: | Nuala Rafferty |
| Support inspector(s): | Sarah Carter |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 30 |
| Number of vacancies on the date of inspection: | 1 |

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: 13 December 2017 09:00 To: 13 December 2017 18:30

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

| Outcome | Provider's self assessment | Our Judgment |
|---|----------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs | Substantially Compliant | Substantially Compliant |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Substantially Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Substantially Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Compliant |
| Outcome 07: Health and Safety and Risk Management | | Substantially Compliant |
| Outcome 09: Statement of Purpose | | Compliant |

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 followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self- assessment tool on dementia care and had assessed the compliance level of the centre as substantially compliant for health and social care needs and compliant in all other outcomes.

This inspection found that the outcomes for statement of purpose, staffing, complaints and premises were compliant, and the remaining outcomes were substantially compliant.

Inspectors found that residents received person-centred care from a team of staff who were appropriately trained to carry out their role effectively. Inspectors spoke with several residents who expressed their satisfaction with the service.

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.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was appropriately and pleasantly decorated and well maintained.

Overall, there was a good level of compliance with the requirements 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. In particular, there was a good system of governance and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to care planning and assessment, the provision of meaningful stimulation and systems to manage residents' personal finances.

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:

Residents had access to medical care, out-of-hours doctor services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietitian, chiropody, dental services and optical services.

Evidence of referral and review was available and viewed, with early recognition of the signs of clinical deterioration and appropriate management.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need and most reviews considered the effectiveness of the interventions to manage and /or treat the need. Some comprehensive risk assessments on which to base care plans were found and there were efforts to plan and deliver care in a person-centred manner. However, there were areas that needed to be improved.

Inspectors reviewed a sample of clinical documentation to manage residents' healthcare needs. For some recently admitted residents, it was noted that assessments were not completed for risks associated with development of pressure ulcers or level of nutrition. This meant that a baseline of the residents overall health status was not available on which to track clinical changes. Some examples included where residents had lost weight since admission, and a baseline of the residents' nutrition was not available in order to determine the impact of the weight loss to their nutritional status or on the potential development of pressure ulcers. Social care assessments of some residents'

interests or past activities were not available, and care plans were not in place, to support the provision of opportunities for meaningful stimulation and meet their individual mental health and well-being needs.

Some care plans also required improvement, where they did not accurately reflect the recommendations of allied health professionals. This, inspectors noted, could lead to confusion in relation to the future management of the residents' needs. Examples included changes to oral nutritional supplements, where the amount and frequency of some supplements, recorded on care plans, differed from the dietitian's recommendations in some respects. Some minor gaps in care planning in responsive behaviours were also noted. However other care plans were detailed. For example a number of residents were at risk from absconding from the centre, and there was a specific care plan in place to manage the risk.

There were written operational policies relating to the ordering, prescribing, storing and administering of medicines to residents. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person-centred manner.

Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by a medical officer.

Judgment:

Substantially Compliant

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 was an up to date policy on the prevention, detection and response to abuse in the centre. This policy referenced national guidelines and policy. Efforts had been made by the provider representative to access training delivered through the health service executive, with two staff having completed this external training this year. However in lieu of that training, staff were being trained by the person in charge in the area of elder abuse and safeguarding. Staff spoken with on the day of inspection, knew this policy and were able to describe the steps they would take if they had concerns, or a resident reported an issue to them. Inspectors spoke with a number of residents on the day of inspection and all reported feeling safe in the centre. They were also able to say they would report any concern they might have to the nurse in charge, or the provider if necessary.

The centre had an up to date policy on managing responsive behaviour. This was a detailed document that referenced both national and international guidance documents. Staff spoken with were knowledgeable on how to manage responsive behaviours. . The centre had recently dealt with a complaint that arose due to residents responsive behaviours. The complaint was thoroughly investigated, and appropriate action taken on behalf of both residents involved.

Inspectors found that some restraint practices in place did not fully accord with the centre policy.

The centre has a restraint policy in which restraint is deemed useful only as a last resort and described a restraint as an item that cannot be easily removed. It defined an enabler as an item or approach that does not restrict independent movement and is used for specific periods. The policy also described how approval from a relative, is, on its own, not sufficient to make a decision about the application of a restraint. The policy also stated that the application of a restraint or enabler is, at its core a clinical decision. The Inspectors were informed that 5 residents were using bedrails as a restraint. Each of these residents had a care plan for this aspect of their care. A further six residents were using bedrails that the centre did not identify as restraint. It was reported to the inspectors that the resident had requested them. A record was seen by inspectors where relatives had signed indicating the relatives were informed of the use of the restraint / enabler. For these residents a clear process of clinical decision making was not found. Records of trialing alternatives to bedrails were not found.

The centre is a pension agent for a small number of residents. These residents did not have their own individual bank accounts and as a result their pension was deposited into the centre's business account. The centre then deducted their charges, as defined by their contract of care, and then transferred the money to a clients account. A bank statement of the business account was available on the day of inspection, which indicated the amounts transferred was the residents pension amount less the social charges. A statement of the client's bank account was not available to inspectors on the day of inspection. This practice does not meet the requirements of the department of social protection which requires that the full amount of the pension must be paid to the resident before any deductions can be made.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors observed that residents' rights, privacy and dignity were respected with

personal care delivered in their own bedroom or in bathrooms with doors closed, and the right to receive visitors in private.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading or chatting in their bedrooms.

Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents' religious needs were met through weekly Mass on national television and monthly 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.

A weekly activities programme was in place. This was delivered by a part-time activity person on two afternoons each week. In addition an hour and a half was set aside on three other days where one of the healthcare staff delivered some activities specific to meet the needs of residents with dementia such as Sonas. The programme included a mix of activities, intended to stimulate residents both physically and mentally, such as: card games, rummage boxes, baking, music, crafts and bowls. Residents were also brought on walks when weather permitted. Outings to the local gastro-pub were arranged, usually 3 monthly. Families also took residents out on shopping trips or to events.

However, it was noted that the programme was not linked to any information gathered in the form of residents' life stories in order to include purposeful activities linked to former interests or lifestyles. The inspectors observed that there was limited meaningful mental or sensory stimulation provided to residents during the inspection with the exception of the planned group activity by the activity person. Inspectors observed that residents were seated in armchairs or specialised seats, most of which were lined up against the walls of the sitting room. Some residents, with communication difficulties, and/or sensory impairments such as dementia, speech or hearing problems, were seated at one end of the room together. There were two televisions in the sitting room, one at each end. However for most of the morning only one TV was on and residents seated at the other end of the room could not see it.

Staff were observed to be busy and concentrated most of their time meeting residents physical needs. Staff engaged well with residents but usually only when a resident required assistance with an aspect of daily living such as eating, drinking or moving. Otherwise there were few opportunities provided to residents to converse or interact, in particular for those with communication difficulties to try to dispel loneliness or boredom.

Inspectors spoke with the person in charge, the floor manager and the activity person. All were aware of the importance of a social and activity programme to residents mental health and well-being. Inspectors were told that residents who were frail, spent long periods of time in their bedrooms, or did not enjoy group activities, were provided with time on a one-to-one basis. However, records viewed by inspectors showed little evidence of the frequency, duration, or benefit derived from these inputs.

In conversation with several residents the inspector found that although they were very happy with the variety of activities delivered in the centre, they said these were limited

and there was not enough to do especially at the weekends. Several said they found the days very long. They were very complimentary of all the staff who, they said, were very kind patient and helpful.

Overall, although inspectors observed that most residents appeared to engage in, and enjoy, the planned activities provided, there were long periods throughout the day where many residents experienced a neutral environment that was passive and not stimulating.

Judgment:

Substantially Compliant

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. Verbal complaints were recorded with the same level of detail as formal written submissions, and minor issues were also included. 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):

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

Findings:

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 . Although as referenced under Outcome 3, there was limited evidence that residents had sufficient opportunities to purposeful or meaningful stimulation. The reason for this requires to be explored to ensure that activity provision is adequately resourced or supported to fully meet the needs of all residents.

Inspectors checked the staff rota and found it was maintained with all staff that worked in the centre identified. However inspectors noted that the 24 hour clock was not being used to clarify the start and end of shifts. This meant that the rota did not clearly identify whether staff were working on day or night shifts.

A specific staff allocation system was in place that identified the staff for each floor in the centre. All staff were aware of the system which was implemented in full.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units.

Inspectors reviewed a sample of personnel files for different categories of staff members and found them to contain all documentation required under Schedule 2 of the regulations, including vetting by An Garda Síochána and evidence of active registration with the Nursing Board of Ireland.

Training records were reviewed and evidenced that all staff had been provided with opportunities to attend required mandatory training such as fire safety, moving and handling and safeguarding.

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

Inspectors observed that there was adequate supervision and direction for staff from the person in charge, however, formal communication systems between each grade of staff to ensure timely flow of information on residents condition throughout the day needed to be established. Inspectors found examples where better communication between staff could have improved resident's clinical outcomes. This was discussed during feedback at the conclusion of the inspection and the provider representative undertook to implement an additional formal communication process during the day.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The centre was observed to be homely and warm on the day of inspection. It consists of three suburban houses that are joined together. The garden at the rear of the property is enclosed and has a secure key coded gate on its access gate. The garden was observed on the day from inside the building. Due to poor weather conditions, neither inspectors nor resident's went outside on the day of inspection. The garden was observed to have dementia friendly features; including a continuous pathway and sign

posts to local amenities. It was reported to the inspectors on the day, that a resident had completed the painting of the wooden beach huts featured along one wall of the garden. The centre has two floors and there are stairs, a chair lift of the stairs and a platform lift in place to help residents move between floors. As discussed in a previous outcome there were two areas where the floor gently slopes, and whilst there is an eye level A4 size sign at each ramp the floor covering does not indicate a change in gradient.

All bedrooms inspected were homely, had lockable storage and had been personalized by the residents. All beds had a view out a window or were positioned right beside a window so residents could look out.

Décor was subtle in the bedrooms. Doors were brightly colored and numbered appropriately. Some bedrooms had their own en suite whilst others had a shared toilet and bathroom nearby. Some toilets had contrasting coloured toilet seats, and it was reported to the Inspectors that there was a process of replacing the others. Toilet doors off the main corridors were brightly colored yellow, with an image of a toilet on them. There were few clocks and calendars within the centre, and none were seen in the bedrooms inspected. The inspectors suggested at the feedback meeting at the end of the day this may be a useful addition in the lives of the residents with dementia, some of whom it was reported ask for the time.

The communal areas are spread across approximately half of the ground floor area. Residents can eat their meals alone in their rooms, in the dining room or in the communal / day room. A picture menu board was displayed in the communal area. There was a dresser displaying delph that also served as an area for refreshments and drinks storage in the dining area. The communal area had been zoned using open bookshelves, and there was a TV at either corner. There was a fireplace in the communal area too and the room was decorated for Christmas. Residents and relatives spoken to on the say reported they liked how homely the centre was, and liked the décor.

Visitors can be accommodated in the area around the main entrance or in the activity room when it is not in use. The communal area and the dining room were bright and airy and had a view into the garden area.

There are hoists in use in the centre and they have designated storage space. There were number of wheelchairs seen within the centre.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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:

Actions were required following the registration inspection in January 2017. These related to the identification of all risks in the centre's risk register. Inspectors checked the risk register and found it had been regularly updated, since the last inspection and all outstanding risks, found on the previous inspection, were included, with the exception of the recently installed platform lift. However, evidence of the inclusion of the lift, on the risk register, was forwarded subsequent to the inspection

However; further risks were identified on this inspection which were not included in the register. These included:

- Risks associated with the storage of oxygen cylinders. Inspectors observed several free-standing portable oxygen cylinders stored in the nurses office. Although the cylinders were correctly stored in an upright position, a protective enclosure was not provided. It was further noted that they were located in a corner area, in front of office shelves containing an assortment of equipment, books and supplies, some of which were overhanging the shelves and could fall onto the cylinders. One cylinder was also located behind a resident's bedroom door. Inspectors were told this resident may require use of the oxygen at a short notice and this was required to facilitate a rapid response. The provider was reminded that the use, and location of oxygen should be included in all of the fire processes given the dangers associated with its use.
- Infection prevention and control risks were also identified in relation to the storage of a resident's specialized chair in a bathroom. The chair was stored beside a commode, which although clean, could present risk of transmission in the event of any infection present in the centre. Inspectors also noted that some armchairs required a deep clean where stains and slight odours were evident also some specialised chairs required to be replaced or recovered where rips or tears were evident.
- As referenced under Outcome 12 Premises, inspectors found that the centre environment was visually clean and walkways were clear. However, some risks associated with the storage of transit wheelchairs were identified. The wheelchairs were folded and stored under a grab rail, which was located to one side of the corridor leading from the sitting room to the dining area on the ground floor. The location of the grab rail was an important one, as it was situated to assist residents with mobility limitations to navigate the slope on the floor at this specific point. However, the storage of the wheelchairs, underneath the rail, negatively impacted on the effectiveness of the rail, as the handles of the chairs protruded up and over the rail, thereby limiting the ability of anyone trying to hold a firm grip when walking on the slope. Three residents were also observed using or being pushed in wheelchairs without footplates. The use of wheelchairs had been fully risk assessed and was entered into the risk register, and it was detailed that footplates must be in situ to minimize risks.
- Although the provider had placed a caution sign on the wall beside the sloped areas of flooring on the ground and first floors to highlight the change in the floor level. Inspectors considered that this could be improved through using highlighted markings on the sloping floor such as use of highly visual chevron or other recognizable safety

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| markings. |
| Judgment: Substantially Compliant |

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| <i>Outcome 09: Statement of Purpose</i> |
| 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 were required from the previous inspection in order to fully meet Schedule 1 requirements these included: <ul style="list-style-type: none"> - details of the management structure - complaints policy reflective of process in centre - proposed whole-time equivalent staffing complement - numbers applied for registration. <p>The provider forwarded a revised Statement of Purpose which included all of the revisions required to fully meet Schedule 1 subsequent to the inspection.</p> |
| Judgment: Compliant |

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
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

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|----------------------------|------------------------|
| Centre name: | Padre Pio Nursing Home |
| Centre ID: | OSV-0000082 |
| Date of inspection: | 13/12/2017 |
| Date of response: | 11/01/2018 |

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Comprehensive assessments were not in place for every identified need in particular for recently admitted residents in order to establish a baseline on which to track clinical change.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

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:

Comprehensive Assessments are carried out, before and during admission to the centre and every three months thereafter.

Omissions in some documentation where a baseline measurement was not recorded on the day of the inspection have been completed .

The PIC has re-established a monthly check of documentation to ensure omissions are avoided .

Proposed Timescale: 15/12/2017

Theme:

Safe care and support

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

Care plans were not in place for every identified need and some 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.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All Care plans have been reviewed since the inspection and now contain the necessary interventions to consistently manage the identified need.

All recommendations from allied health professionals have also been reviewed by Nursing staff and care plans now reflect these recommendations which direct care on a daily basis.

Proposed Timescale: 31/01/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The process of using the least restrictive approach to restraints was not consistently documented.

3. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Residents who choose to use bed rails for their own reasons are now documented in the Restraint Register .

We have also reviewed our documentation of the pathway to arriving at the decision to use of bed rails to ensure safety , and where possible have included other members of the MDT such as physio & GP

We aim to have a Restraint free environment.

Staff will receive education on Restrictive practices during 2018.

Proposed Timescale: Documentation 31/12/17 Completed.
Education timescale end April 2018

Proposed Timescale: 30/04/2018

Theme:

Safe care and support

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

Improvements were required to ensure there were robust arrangements in place to manage residents' finances.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

We have written to Dept social welfare to make the necessary change of making pension payments directly into the client account, rather than the ltd company account. Fees for cost of care in respect of the said residents will be transferred from the client account to the company account.

We await confirmation from Dept of Social welfare .

Proposed Timescale: 31/03/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Opportunities for socialisation, and purposeful and meaningful stimulation to promote residents' physical and mental health and wellbeing, in accordance with their interests and capacity were limited.

5. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Social needs & residents likes and dislikes are promoted and respected in the centre. In order to capture this more clearly, for the purposes of documentation and to inform all staff caring for residents we have introduced a picture plan of meaningful activities. As it is user friendly for people living with Dementia as well as people who are not, all residents can participate in choosing what activities they have an interest in.

We will place the matter of activities on the agenda for the next residents meeting, and address residents' views and requests.

Proposed Timescale: 28/02/2018

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

A number of risks were not assessed and associated measures to manage same were not identified.

6. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The Risk Register is currently being updated to identify and control the risks highlighted in the report.

We will be having our annual safety Audit, carried out by an independent safety expert company in February 2018, to enhance our internal safety management system.

Deep cleaning of chairs is carried out twice a year and is scheduled to take place in the first quarter of 2018.

Proposed Timescale: 30/04/2018