

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	San Remo Nursing and Convalescent Home
Centre ID:	OSV-0000093
Centre address:	14/15 Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 2328
Email address:	info@williscaregroup.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	San Remo Nursing and Convalescent Home Limited
Lead inspector:	Ann Wallace
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	12

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 January 2018 09:00 To: 19 January 2018 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

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: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service that is provided in the centre. The statement of purpose was updated regularly and reflected the ethos of care and the range of needs of the residents in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service. The care and services in the centre were found to be in line with the statement of purpose.

The person in charge (PIC) was a qualified nurse with over five years experience of managing older persons services in a residential setting. The PIC was known to residents and families. Residents who spoke with the inspector said that the PIC was

readily available if they had any concerns or issues.

The PIC was supported by the assistant director of nursing (ADON) who deputized for her in her absence. Staff who spoke with the inspectors were clear about who to raise any issues with and reported that the PIC and nursing staff were approachable.

The PIC had regular contact and support from the provider. The PIC met regularly with the provider and other members of the parent company senior management team which helped to ensure that the provider was kept informed about any issues or concerns.

Inspectors found that there were systems in place to monitor the safety and quality of care and services and the experience of residents and their families. The quality assurance programme included regular audits in key areas such as incidents, falls, complaints, care plans, restraints, medication management and nutrition. Records showed clear evidence of improvements being made in response to audits for example care planning processes the development of link nurse roles for end of life care and infection control.

There were regular resident forum meetings and on the day of the inspection a forum meeting was being held in the front lounge. The meeting was attended by ten residents, the PIC, the activities coordinator and the group operations manager. The annual review for 2017 was available in draft format and included resident and family's views on the care and services in the centre. This information was being used by the provider to develop an improvement plan for 2018.

There was a clear complaints process in place which identified the PIC as the person responsible for managing complaints in the centre. Residents and visitors who spoke with the inspectors told them that any issues or concerns that they had raised had been addressed by the PIC and that they were satisfied with the outcome.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from being harmed or suffering abuse. There was clear evidence that the centre was working towards a restraint free

environment.

The designated centre had policies and procedures in place for the prevention, detection and response to abuse. Staff were trained on the policy and were clear about their responsibilities to safeguard residents and protect them from abuse. Staff who spoke with the inspector knew what constitutes abuse and what to do in the event of an allegation or disclosure of abuse. Staff were clear about who to report the concerns to and told the inspector that the person in charge (PIC) and her deputy were approachable if they needed to raise any concerns.

Visitors who spoke with the inspector told them that they felt their relatives were safe in the centre and that staff were kind and respectful towards them. Residents and visitors said that if they had any concerns they could approach a member of staff. Records showed that any allegations of suspected abuse were managed appropriately. The inspector found that the PIC and their deputy were clear about their role and responsibilities in relation to safeguarding residents.

The provider representative informed the inspector that all staff working in the centre at the time of the inspection had Garda vetting in place.

The centre had clear policies and procedures in place to safeguard residents' monies in the centre. Monies were stored securely and two members of staff signed for all transactions. The centre acted as a pension agent for three residents. Residents' pensions were kept in a resident's account which was separate to the centre's business account. Within this account each resident had their own account with clear records of all transactions. Residents were able to access their monies from the account when they wanted to do so.

There was a policy in place for managing residents with responsive behaviours (how a person with cognitive impairment might respond to their environment or other stimuli). All staff were trained on the policy. A number of staff had completed further training in dementia care and managing responsive behaviours. The inspector observed that staff implemented the policy in their day to day work with residents who displayed responsive behaviours. Staff knew individual residents and how to support them at these times.

Residents who were identified as having responsive behaviours had a care plan in place which recorded the potential triggers for the behaviours and the interventions that were required to support and reassure the resident. Care plans also identified potential underlying problems that could trigger responsive behaviours such as urinary tract infections and constipation.

The PIC informed the inspector that the centre was working towards a restraint free environment and that processes and practices in relation to restraint were in line with best practice guidance. Records showed that residents, their families and their General Practitioner (GP) were involved in the decision to use restraints. The centre had a restraint register and carried out regular audits of its restraints procedures and practices.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

There were comprehensive health and safety and risk management policies and procedures in place. These included an up to date health and safety statement and a risk register. Policies and procedures were in place for an unforeseen emergency, fire safety and evacuation. The actions required from the previous inspection relating to fire safety training and keeping fire exits clear had been addressed by the designated centre.

The inspector reviewed a sample of resident records and found that risk assessments and care plans were in place for absconion risk, smoking and moving and handling. Risk assessments were found to promote residents independence and preferences where possible.

All staff has completed fire safety training and were familiar with the evacuation procedures and their own duties in the event of an emergency. Fire drills were held on a regular basis. Signage, maps and the assembly point for evacuation were clearly identified. The fire safety procedure was displayed at prominent points throughout the building. Records showed that fire safety equipment was tested and serviced regularly. Corridors were compartmentalised and fire doors were equipped with mechanisms to close when the fire alarm sounded.

Certification of servicing for resident equipment such as wheelchairs, hoists, and pressure-relieving mattresses was documented.

The centre kept an accident and incident log. Records showed clear evidence of learning from incidents for example there was a clear staff allocation schedule which ensured that a member of staff was allocated to provide supervision in the communal lounges as part of the centre's fall management strategy.

The centre was clean and staff were observed following appropriate infection control techniques. There were adequate hand washing facilities and hand gel dispensers on each floor.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

There were comprehensive policies and procedures in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre and the care planning process that was in use in the centre.

The inspector found that each resident had a pre-admission assessment completed by the person in charge (PIC) prior to coming into the centre. Following admission, nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs, interests and capacities including actual and potential risks such as weight loss, falls, communication needs and responsive behaviours. Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were person centred and provided clear information about individual resident's current needs and preferences for care and routines. Care plans were reviewed on an ongoing basis at a minimum of every four months.

Staff in the centre knew the residents well. The inspector found that care and services provided to residents was done with their consent and reflected the nature and extent of the resident's needs and preferences for care. Residents were offered choices in their care and daily routines and staff were seen to use discreet encouragement and support to enable residents in their activities of daily living including personal hygiene, meal times and activities. Where residents declined care and services their wishes were respected by staff.

Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to promote the independence and self-care abilities of residents where possible.

There were clear systems in place to monitor the quality and safety of the care and services provided for residents. These included regular audits in key areas such as falls, the use of restraints, pressure sores and infections .

The inspector found that residents had good access to GP services and that residents

could keep their own GP if they wished to do so. There was a range of allied health care professionals including dietician, speech and language therapy, chiropody, dentist and optician available to residents. Residents with dementia had access to specialist teams such as the palliative care team, community mental health services and psychiatry of later life when required. Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented.

There were written policies and procedures in place for residents whose needs were for end of life care. Care plans were in place to ensure that residents received end of life care and services in a way that met their individual needs and wishes and that respected their dignity and autonomy.

The centre had clear policies and procedures in place in relation to food and nutrition. Staff were familiar with individual resident's needs in relation to fluids and hydration. Staff used discreet support and supervision to support residents to take adequate fluids and nutrition in line with their prescribed care plans. Food was freshly prepared on site by the centre's catering team. Meals were nutritious and portion sizes met individual residents needs and preferences.

The centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were found to follow appropriate procedures for the safe administration of medications. Nursing staff in the centre worked with general practitioners and specialist medical staff to ensure that individual residents had their medications reviewed regularly or in response to changes in their health or wellbeing.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

The inspector found that the design and layout of the centre did not meet the needs of

the residents in a number of areas. The provider and the person in charge (PIC) were aware of the non-compliances and had submitted plans to extend and reconfigure the premises to the Authority. At the time of the inspection, planning permission had been granted and funding organized. At the end of the inspection the provider was requested to submit a time bound schedule of works for the planned build.

The designated centre comprises of two period residential properties that have been joined together and refurbished to provide the current accommodation. The centre is situated close to local shops and amenities and is accessible by public transport routes and a short walk. There is a small car park at the front of the building with off street parking.

Accommodation is laid out over two floors. The ground floor provides one single bedroom, four twin bedrooms three triple bedrooms and one multi-occupancy room with six beds. Communal areas consist of a quiet lounge overlooking the front garden, a visitors room, a small dining room, the main lounge in the centre of the building and the conservatory/dining area overlooking the courtyard and the rear garden. There is a second lounge designed as a low sensory room for residents who prefer a quiet space. There is also a covered resident smoking area which is accessed from the rear garden exit. There are two shower/toilet rooms and two assisted bathrooms.

Accommodation on the first floor provides two single rooms, eight twin bedrooms and three triple rooms. There are two shower/toilet and two bathrooms. There are two further toilets on the landings on each side of the house one of which is also a bathroom. Although one bathroom had been refurbished since the last inspection all of the remaining bathrooms were in need of general refurbishment. This is an outstanding action from the previous inspection.

There is no lift in the centre. The first floor is accessed by stairs or by using a chair lift. The inspector observed several residents using the stair lift independently on the day of the inspection. Only residents who are independently mobile are admitted to the first floor. This is clearly stated in the centre's Statement of Purpose and potential new residents are informed about the criteria for admission to first floor accommodation prior to admission.

Bedrooms are nicely decorated and personalized with residents photographs and artifacts from home. However the inspector found that in a number of twin and multi-occupancy rooms the layout of the room and the arrangement of the privacy curtains and partitions does not provide adequate privacy for residents. For example one bedroom on the first floor can only be accessed by the resident walking through a twin room occupied by two other residents. This is discussed under outcome 16.

Each resident has their own wardrobe, bedside locker and a comfortable chair if they want one in their room. Residents have access to lockable storage space if they need it.

Communal areas are comfortably furnished and decorated with good use of colour and paintings on the walls to help residents to orientate themselves to each room. The two central lounges and the conservatory area were well used by residents on the day of the inspection. The newly refurbished lounge at the front of the building was used to

accommodate a resident's forum meeting on the day of inspection and provides a pleasant alternative lounge for residents who prefer a quiet space and a change of outlook. The provider reported that this room is well utilized in the evenings by the more independent residents and by families visiting after work and school.

Although the centre had been creative in how it approached storage of equipment, creating designated storage areas for hoists and wheelchairs, the inspector noted that equipment such as laundry trollies and toileting aids continued to be stored in bathrooms.

The centre has an enclosed garden and a small courtyard. The garden area is wheelchair accessible and is furnished with tables and chairs. The garden provides a safe and pleasant outdoor area for residents.

Judgment:

Non Compliant - Major

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that residents were consulted with and participated in the organization of the centre and that there was a person centred approach to the residents in the centre that respected their privacy and dignity. However the current layout of a number of bedrooms and the arrangement of privacy curtains in some rooms had not been fully addressed since the previous inspection.

The inspector found that the layout of the accommodation in a number of areas did not ensure that the privacy and dignity of the residents who occupied these rooms could be maintained at all times. For example one bedroom on the first floor could only be accessed by the resident/staff walking through a twin room occupied by two other residents. The current arrangement of the privacy curtains around those two beds did not provide adequate screening for the residents when the third resident or staff were passing through the room.

Throughout the inspection residents were seen to be making choices about their day to

day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. Staff demonstrated patience and skills with residents, taking time to explain interventions and offer choice in user friendly language.

The inspector observed that staff were courteous and respectful in their interactions with residents. Staff were observed to knock before entering a resident's room or a bathroom and to wait for a response before entering. Staff knew individual residents and were aware of the resident's needs and preferences for care and support. For example one resident with dementia preferred female carers to carry out their personal care. This was documented in their care plan and was observed by staff.

Where resident's cognitive impairment created communications needs these were identified in the resident's assessment and care plans and staff were familiar with the most effective way to engage with the individual. The inspector observed that staff demonstrated empathy and patience in their dealings with residents who had cognitive and communication needs.

The designated centre was well located close to shops and local amenities and residents were encouraged to go out with staff or families for walks to the local shops or along the sea front. Residents had access to radio, television, newspapers and magazines. A visiting library brought large print books for residents.

Residents had access to a portable phone on which to make private calls if they wished to do so.

There was an open visiting policy and visitors were made welcome at the centre. Visitors told the inspector that they were encouraged to play an active role in the ongoing lives of their relative in the centre and that they were kept informed about any changes in the residents health or wellbeing. A number of residents were observed enjoying meeting with their visitors on the day of the inspection.

The designated centre had a planned activities programme which was organised and provided by a dedicated activities coordinator. The programme included 1:1 and group activities. Residents were seen attending an exercise to music session in the main lounge during the afternoon of the inspection.

Photographs showed that residents enjoyed a number of outside events in the warmer weather and these were organized in the garden areas. There were regular celebrations for birthdays and calendar events such as Halloween, Easter and Christmas.

Mass and communion were available in the centre. Staff were aware of individual resident's religious preferences and needs and were respectful of same.

There was clear evidence that residents were included in decisions about the running of the designated centre. Resident and relative's views were collected through resident meetings, the complaints process and the annual survey of residents and their families.

There was access to advocacy in the centre and details were provided in the resident's

guide. There was one resident using advocacy in the centre at the time of the inspection.

Residents were supported to vote in elections if they wished to do so.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents.

The staff on duty reflected the planned roster on the day of the inspection. Staff who spoke with the inspectors reported that there were adequate numbers of nurses and health care assistants available in the centre. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staffing levels were reviewed regularly in response to changing resident dependencies and care requirements. Nursing and care staff were supported and supervised by the assistant director of nursing (ADON) who also deputized for the person in charge (PIC) in their absence.

There was a nurse on duty at all times in the centre. All nursing staff working in the centre were registered with the Nursing and Midwifery Board Ireland.

The inspector found that the centre had sufficient housekeeping and catering staff to ensure that the service was run effectively for the benefit of the residents who lived there. Ancillary staff reported to the PIC.

Senior staff provided support and supervision and staff received regular feedback on their performance. As a result staff were clear about their roles and responsibilities and were observed to take responsibility for their work

Staff were seen to be respectful and cooperative in their dealings with each other and

with the residents and their visitors. Residents and their visitors expressed high levels of satisfaction in their relationships with the staff at the centre.

The PIC and provider informed the inspector that all staff working in the centre at the time of the inspection had Garda vetting in place.

Training records showed that staff had access to a comprehensive training programme which included mandatory training on the centre's policies and procedures, key health and safety issues such as infection control, fire safety and moving and handling and the prevention of elder abuse. Staff had also attended training on managing responsive behaviours, nutrition and hydration and end of life care.

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:

Ann Wallace
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

Centre name:	San Remo Nursing and Convalescent Home
Centre ID:	OSV-0000093
Date of inspection:	19/01/2018
Date of response:	12/02/2018

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 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Although one bathroom had been refurbished since the last inspection all of the remaining bathrooms were in need of general refurbishment. This is an outstanding action from the previous inspection.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

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

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:

A graduated schedule of works has been provided to the case-holding inspector for the general refurbishment and uplift of bathrooms within the home. Confirmation and evidence of completion will be provided to the case-holding inspector on completion of refurbishment works.

Proposed Timescale: 13/04/2018

Theme:

Effective care and support

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

Although the centre had been creative in how it approached storage of equipment, creating designated storage areas for hoists and wheelchairs, the inspector noted that equipment such as laundry trollies and toileting aids continued to be stored in bathrooms.

2. 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:

Suitable and safe designated locations have been identified for the storage of the identified laundry trolley and the raised seat. This use of these designated locations has been initiated with immediate effect. The development plan of the home, as referenced in Action 3 below, includes the provision of appropriate storage locations in a more sustainable manner.

Proposed Timescale: 12/02/2018

Theme:

Effective care and support

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

The inspector found that the design and layout of the centre did not meet the needs of the residents in a number of areas as identified in the report.

3. Action Required:

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

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

A time-bound, costed and viable development plan had been advanced and agreed by

the Board of the company as set out in the document "Proposal for the Redevelopment of San Remo Nursing Home" and was provided as part of the most recent registration cycle for the centre. This development plan sets out in a viable and sustainable manner steps taken and being taken to ensure compliance with the requirements as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The current status of the development plan remains the same as at the time of the registration inspection. This includes a granted planning permission, detailed construction related costings provided by our quantity surveyor (which will have to be updated at the outset of 2019), the business case for viable development (which remains under active review at quarterly Group Board meetings) and the timeline of the proposed development. The Provider undertakes to provide an update to the Authority, with immediate effect, in circumstances where-by there are any matters that could have a material effect on the proposed development plan as set out.

Proposed Timescale: 31/12/2020

Outcome 16: 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:

The current arrangement of the privacy curtains around a number of beds in the twin and multi-occupancy rooms did not provide adequate screening for the residents when the another resident or member of staff were passing through the room.

4. 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:

A comprehensive review of screening for every bedspace in twin and multi-occupancy rooms of the home was undertaken by the Person in Charge and Facilities Manager. Where deficits were identified, a corrective plan has been devised. This primarily relates to the adequacy and positioning of fixed screening. A contractor has been appointed to complete specified works as informed by this review. The corrective plan ensures that the personal activities of each resident can be undertaken in private.

Proposed Timescale: 15/03/2018