<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Shannon Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000383</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Rooskey, Roscommon.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>071 965 8667</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:shannonlodgenh@gmail.com">shannonlodgenh@gmail.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Shannon Lodge Nursing Home Rooskey Limited</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>31</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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>04 September 2018 09:00</td>
<td>04 September 2018 17:00</td>
</tr>
<tr>
<td>05 September 2018 09:00</td>
<td>05 September 2018 17:00</td>
</tr>
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</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Information for residents</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector reviewed notifications received by the office of the chief inspector and the areas outlined for attention following the registration renewal inspection conducted on 24 January 2017. All action plans had been addressed.

As part of the thematic inspection process, providers were invited to attend a seminar to inform them about the associated inspection process and best practice in dementia care. Prior to the inspection, a self-assessment document was completed where the provider compared the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older
People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The centre can accommodate 36 residents. People who require long term care or who have short term convalescent, rehabilitation or palliative care needs are accommodated. Residents with dementia are integrated with the overall resident population in the centre. Almost half of the resident group had a diagnosis of dementia or cognitive problems when this inspection took place.

The centre is located in the village of Rooskey just of the N4 Dublin-Sligo road. It is purpose built and residents' accommodation is on one floor. The atmosphere throughout was home like and comfortable. There were several communal areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents at varied times of the day. Residents’ bedroom accommodation is comprised of 18 single and nine double rooms. All areas were appropriately furnished. A room was available where residents could meet their visitors privately.

The inspector met with residents and varied members of staff during the inspection. A sample of care records were reviewed to assess how dementia care needs were met. The inspector also reviewed other aspects of care that included continence management, nutrition, social care and falls prevention. The delivery of care was observed using the validated observation tool, the quality of interactions schedule, (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in different communal areas and included times when scheduled activity was underway. Interactions were observed to be friendly, helpful and at all times meaningful to residents. The inspector found that staff were available and visible to residents throughout the day. Staff were noted to greet residents warmly when they entered rooms. They engaged them in conversation during their varied contacts for example when encouraging them to mobilise, when providing personal care and at meal times. Comments from residents and visitors who spoke to the inspector were positive and conveyed that there was confidence in the ability of the staff team to act appropriately at all times and to provide high quality care. Staff were valued because they were approachable and ensured that residents were comfortable and well cared for each day. The inspector found staff had good knowledge about the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. There was a wide range of activity material to support social care and information provided to residents that included newsletters and menus was available in large font size and presented in colour to improve accessibility and residents’ capacity to communicate effectively.

The inspector found that the wellbeing and welfare of residents including people with dementia was met to a satisfactory standard. There were some improvements identified that would ensure best practice and these included better colour contrasts in hallways and communal areas to enhance accessibility, more detail in care records on residents’ independence and what they can do for themselves and more information in end of life care plans to ensure they reflect residents’ wishes and choices on how their care should be managed at this time.
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were 31 residents in the centre on the day of the inspection and 12 had been assessed as having a diagnosis of dementia or some degree of cognitive impairment.

The inspector found that the wellbeing and welfare of residents including people with dementia were being met to a high standard. The inspector based this judgement on observations of the delivery of care, feedback from residents which indicated that care practice reflected evidence based practice and the availability of accessible primary and specialist health care services. The provider has employed a physiotherapist two days a week to support staff in their efforts to keep residents independent and mobile. All residents had care plans that generally described their care requirements well but there some that required improvement as risk factors and high level input from staff to ensure residents’ well-being was not evident in their care records.

The inspector found that residents had a range of assessments completed following admission. Risk factors for falls, pressure ulcers, poor nutrition and loss of memory were completed on admission and were regularly reviewed. Many residents were provided with pressure relieving mattresses and seating to prevent problems arising. Wound care prevention and practice was reviewed by the inspector and was found to be of a satisfactory standard. Nutritional assessments were completed and dietary supplements and fortified diets were provided where there was a risk of nutrition deficits.

There was a system in place to ensure communication between the acute hospital and the centre reflected residents’ health and condition at the time of transfers. Copies of documentation provided available in residents’ files confirmed that appropriate information about health, medications and specific communication needs was exchanged.

There were assessments that described levels of dementia or confusion and these were noted to be repeated periodically so that staff were aware of present cognitive abilities and changes over time. While these assessments provided useful information there was a deficit in how memory problems and disorientation impacted on day to day life. For example where residents required prolonged periods of staff time and input to ensure they were engaged appropriately and safe this level of intervention was not evident in
all the sample of care plans examined. When behaviour patterns changed staff had good
techniques they employed to distract residents, support them appropriately and prevent
distress.

Residents and their families, where appropriate were involved in the care planning
process and their contributions to decisions about end of life care were recorded. Single
rooms were available for end of life care and relatives were supported to be with
residents during this time. There was space for them to stay overnight and facilities for
making beverages were also available. Community palliative care services were accessed
when required.

There were systems in place to ensure residents had a balanced and suitable diet and
that they did not experience poor hydration or deficits in nutrition. Residents were
screened for nutritional risk on admission and reviewed regularly thereafter. Residents’
weights were checked on a monthly basis and more frequently if evidence of
unintentional weight loss was observed. There was an effective system of
communication between nursing and catering staff to support residents with special
dietary requirements. The inspector observed the lunchtime and evening meal and
found that mealtimes were relaxed and social occasions for residents.

There were arrangements in place to review accidents and incidents and residents were
regularly assessed for risk of falls. Care plans were in place and following a fall, the risk
assessments were revised and care plans were updated to include interventions to
mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and
administration of medicines to residents. The inspector reviewed the storage and
administration of medicines. There was an on-going programme for refresher training in
medicines management for nurses.

Judgment:
Substantially Compliant

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**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:**
The staff team could describe the measures in place that protected residents from being
harmed or suffering abuse in the centre. They described having sufficient staff to deliver
person centred care, being well informed about care practice in relation to dementia and
safeguarding and having regular refresher training to keep them alert to any risk
situations. Residents told the inspector they felt safe and attributed this to staff being around and always visible and to the positive attitudes displayed by staff.

There was a policy and a range of procedures in place to guide staff on how to prevent, detect and respond to an abuse situation. There had been no reported incidents of abuse. Staff interviewed could outline the type of actions and omissions that constituted abuse. Training records viewed.

Residents with dementia who displayed fluctuating behaviour patterns had a care and support plan in place to guide staff and ensure good outcomes for residents. Incidents of behaviours that challenge were recorded and the inspector saw that staff helped residents appropriately and sensitively during periods when they were restless or anxious. Referrals for specialist advice were made to allied health professionals including members of the team for old age psychiatry when staff required additional advice and support to ensure appropriate care was delivered. Training on dementia care had been completed by the majority of staff.

There was a low level of restraint use. There were five bedrails in use where residents were assessed as a high falls risk or had requested these for security. There were assessments and reviews completed for all restraints and the inspector saw that a range of alternative measures had been tried before the option to use the restraint was chosen. There was no restriction on residents’ movements around the centre. This outcome was judged as compliant in the self-assessment and the inspector also judged it as compliant.

**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):**
No actions were required from the previous inspection.

**Findings:**
Residents including residents with dementia were consulted and were supported to actively participate in the organisation of the centre. Residents confirmed that their views were sought and said staff listened to them and took their views into account when planning activities, outings, menus and changes to routines. The inspector saw that there were a range of communication strategies that enabled residents to communicate to their maximum ability in place. For example reading material was made available in large font and pictorial menus were presented in good colour contrasts with clear photographs and descriptions of all meals to enable residents to make informed choices at meal times. Essential information such as the complaints procedure was
available in summary format and displayed on notice boards.

Care plans conveyed the choices and decisions that residents had made in relation to their day to day life and routines. For example, information in care plans indicated where residents had sensory problems and how these were to be addressed to ensure maximum participation in meetings and in activity sessions. Other care plans conveyed how residents could indicate their wishes and the cues that staff should observe when talking to them or observing for change or discomfort. Staff interviewed knew if residents were orientated to their surroundings and if residents recognised where they lived now.

Staff interviewed conveyed good knowledge about the value of emotional support, sensory stimulation and reminiscence when supporting people with dementia. The inspector observed staff and resident interactions using the quality of interactions schedule, (QUIS). The inspector found that the quality of contacts were meaningful and always positive over the periods observed. Staff engaged residents in conversations, they talked about the news, checked how they were feeling and discussed what was on television. The inspector saw that staff checked with some residents to ensure the programme on television was one they liked to watch and positioned residents so they had a good view.

Staff were familiar with residents' day to day personal care needs, family backgrounds and interests. The inspector noted that meaningful information to guide staff practice was recorded. There was information on what residents could do for themselves and this included for example if residents could eat independently or go out to the garden. Residents told inspector that they had good freedom in the centre. They could vote, go out with family, have a telephone and visit other residents freely. Staff were observed to include residents in varied tasks such as going to the post office and helping organise activity sessions. There was an informative newsletter produced every month that described the activity schedule, important events and when music sessions were to take place. There were regular residents' meetings that were supported by input from an advocate whose role was outlined for residents. These meetings were recorded and copies were circulated to residents.

The activity programme was noted to be varied and included group and individual activities that were interactive, sensory or passive as required by residents. Residents told the inspector that games, exercises and discussions about news and local events were scheduled regularly and they enjoyed these. There were books, papers and magazines available for residents. The programme was updated and new activities were added to maintain interest the inspector was told. For example this year the sensory garden area had been in regular use and a new supply of activity equipment was extending the range of interactive groups available. Specialist activity such as Imagination Gym and Sonas which are a mix of sensory, music and interactive activities that are aimed to prompt interest and participation where residents have dementia are scheduled regularly. There were regular trips out to local areas of interest and residents told the inspector they had enjoyed recent trips to Lough Key and to Knock. The observation exercises indicated that interactions were engaging and had positive outcomes for residents. All residents had social contact that engendered a response and an uplift in mood the inspector observed throughout the day.
The inspector saw that residents’ choices in relation to important decisions such as their end of life care were recorded. Some residents had “Do not attempt cardio pulmonary resuscitation” in their care records indicating their preference, or a best interest decision, about whether an attempt should be made to resuscitate them in the event of a medical crisis. The inspector saw that decisions about whether interventions should be attempted were made collectively by people’s general practitioners, family members and nursing staff, where they did not have the capacity to make this decision for themselves.

There were no restrictions to visiting in the centre except where visits may impact on meal times. Residents were observed spending time with family or friends at varied times. There is a visitors’ room that is comfortably furnished that residents use to see visitors if they do not wish to see them in their rooms.

Judgment:
Compliant

**Outcome 04: Complaints procedures**

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

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

**Findings:**
There was a complaints process in place and a complaints record that contained the all relevant information about complaints was maintained. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome was outlined.

The procedure was prominently displayed and identified the nominated person to investigate a complaint and the appeals process. Residents told the inspector they were aware of the process and identified the person in charge and provider representative as the people they would approach whom they had an issue of concern. The inspector saw that a range of matters had been addressed and that everyone who had made a complaint was satisfied with the outcome.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The number and skill mix of staff allocated to day and night duty was judged appropriate to meet the assessed health and social care needs of residents. The inspector found that residents had a good quality of life in the centre, their needs were met in a meaningful way and they had opportunities each day to enjoy the company of others and to be entertained.

Education and training on dementia care, responsive behaviours and statutory topics such as fire safety and adult protection had been provided to ensure that all staff were appropriately skilled to meet the diverse care needs of residents. Staff were effectively supervised by the person in charge and nursing staff were observed to be available to provide advice and guidance throughout the inspection. As described throughout this report staff engaged positively with residents and to their requests for assistance. Staff the inspector talked to were enthusiastic about their work and said they enjoyed the company of residents and ensured they made a positive contribution to residents’ quality of life each day. They said they were familiar with the standards of care expected and worked hard to achieve high standards every day.

The recruitment procedures were reviewed and were found to meet legislative requirements. The required schedule 2 documents were available in the sample of staff files examined. The person in charge confirmed that vetting disclosures were obtained for all staff prior to them commencing work. This outcome was judged to be compliant in the self-assessment and the inspector also judged it to be compliant.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The centre is a bungalow style building located in a village setting. It is a short drive from the N4 Dublin-Sligo road and a 15 minute drive from the town of Mohill. The design of the building generally supported dementia care practice and the needs of
dependent persons in a positive way. Communal areas were furnished in a comfortable home like style and there was a variety of seating provided that reflected residents’ needs. Residents had a choice of sitting rooms where they could spend time during the day. Sitting areas had radios, televisions, lamps and a supply of newspapers and books that contributed to making the environment home like and comfortable. There were fish tanks in hallways and residents were observed to stop and watch the fish as they moved from one area to another. The dining room was spacious, was attractively organised and was easy to identify. There were pictorial menus on each table that described the meals available on that day.

There are safe garden areas that have been cultivated to meet resident’s needs. Some areas had shrubs and flowers and one area had been cultivated as a sensory garden. These areas were readily accessible. Residents were observed to enjoy an activity session in the garden during the afternoon.

Hallways were unobstructed and there was signage to guide residents to the main facilities. However the colour of floors, wallpaper and handrails were similar in tone in some areas which hindered residents’ capacity to locate handrails for example. There were low light levels in the visitors’ room and some toilets that required improvement to ensure residents could use these areas without difficulty. The provider representative and person in charge had sought specialist advice on how to make the centre more accessible for residents and were reviewing the suggestions made so that they could improve accessibility, light and colour schemes throughout the centre.

There are eighteen single and nine double bedrooms for residents. En-suite facilities in bedrooms were easily visible from beds and residents could see the outdoors easily when sitting by windows. The inspector observed that bedrooms had personal effects such as photographs and ornaments in their rooms that reflected their personal taste. Staff said that they encouraged residents and relatives to personalise rooms.

All rooms had call bells to enable residents to request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment was available and records indicated this equipment was regularly serviced.

**Judgment:**
Substantially Compliant

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<thead>
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<th>Outcome 07: Health and Safety and Risk Management</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong> The action(s) required from the previous inspection were satisfactorily implemented.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
</tr>
</tbody>
</table>

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The inspector found that health and safety matters were managed in an accountable manner. There were good standards of hygiene in place and areas viewed were clean and free from hazards.

An action plan in the last report highlighted that fire drills required development as the records did not indicate what the fire drill consisted of and if any problems had been encountered. This action was completed and fire drill records viewed indicated that three exercises had been completed during 2018. A variety of exercises had been completed. In June staff had role played how to use evacuation sheets and in January staff had responded to an alert in the sitting room. Obstacles encountered and learning was described following each event.

**Judgment:**
Compliant

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### Outcome 08: Governance and Management

**Theme:**
Governance, Leadership and Management

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

**Findings:**
An action plan in the last report described where audits required improvement to include learning and actions required to improve practice. This had been addressed. the inspector found that audits of meals for example had resulted in higher standards of nutrition and better presentation of meals. Residents who required additional nutrition were provided with foods that were individually fortified to meet their particular needs. Meals that had to be presented in modified consistencies were reviewed to ensure they had an appropriate nutritional content and were varied at each meal time.

**Judgment:**
Compliant

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### Outcome 11: Information for residents

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
An action plan in the last report described that contracts of care did not have all the required information specifically the type of room to be occupied. This had been remedied. Contracts viewed outlined the room each resident occupied and if this was a single or double room.

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:
Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
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</tr>
<tr>
<td>Date of inspection:</td>
<td>04/09/2018 and 05/09/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02/10/2018</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 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:**
Some care plans required review so that risk factors and high level input provided by staff to ensure residents’ well-being was evident in their care records.

**1. Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s

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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:
At intervals of 4 monthly or if required sooner nurses will review care plans and ensure more detail in the Dementia care plans linking all identified risks for the resident. These will be discussed with the resident or where appropriate with their family. Identified risks will highlight areas for staff to deliver individualised care and input for those risks.

Proposed Timescale: 02/10/2018

Outcome 06: 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:
The colour schemes were similar in tone in some areas which hindered residents’ capacity to locate handrails for example. There were low light levels in the visitors’ room and some toilets that required improvement to ensure residents could use these areas without difficulty.

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:
As discussed with the Inspector, the NCBI (National Council for the Blind Ireland) visited the premises in August 2018 and following assessment, they provided guidelines for colour/tonal contrast and lighting. A plan to allow contrast with handrails in certain areas where required is currently being devised for the refurbishment plan for 2019. This will enable them to stand out more.
A new light fitting will be installed in the Visitor’s room in order to create a better light ambience.
Stronger lighting will be fitted in bathrooms where required.

Proposed Timescale: 31/03/2018