<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Curragh Lawn Nursing Home</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005536</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Kinneagh, Curragh, Kildare.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>045 481 880</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:curraghlawn2@eircom.net">curraghlawn2@eircom.net</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>CLNH (Kildare) Limited</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Leanne Crowe</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>36</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 1 day(s).

The inspection took place over the following dates and times
From: 20 July 2018 09:45
To: 20 July 2018 17:30
Date: 20 July 2018 09:45
Time: 20 July 2018 17:30

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

<table>
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<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>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

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 in the centre. The inspection also considered notifications and other relevant information. Actions from the last inspection in October 2016 were completed.

Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia. Residents with dementia enjoyed an active and meaningful life in the centre. There was good access to an interesting and safe outdoor area for residents with dementia. The provider was committed to implementing plans, which are currently at planning permission stage, for the refurbishment and extension of the premises. These works would enhance residents' private and communal accommodation, and address issues regarding cubicle toilets.
and insufficient storage for laundry and assistive equipment. Inspectors met with residents and staff members. All residents who spoke with the inspectors expressed their satisfaction and contentment with living in the centre.

Inspectors tracked the journey of a sample of residents with dementia within the service. Documentation was reviewed such as nursing assessments, care plans and medical records. Relevant policies, including those submitted prior to the inspection, were examined. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices by staff with residents, as observed by the inspectors were person-centered, therapeutic, respectful and kind.

Residents' healthcare needs were met to a high standard and their good health and wellbeing was optimized. Supporting care documentation to inform assessments and care procedures for individual residents with dementia was person-centred and informative.

Staff were skilled and available in sufficient numbers to meet the needs of residents. Staff knew residents and their individual needs well. A training programme facilitated staff to attend mandatory and professional development training.

There were policies and procedures in place to safeguard residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place regarding the management of behaviours and psychological symptoms of dementia, and use of restrictive procedures as part of some residents' care.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
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:
The healthcare needs of residents with dementia were met to a high standard. Their needs were comprehensively assessed and they had timely access to general practitioner (GP), out-of-hours GP services and specialist medical services such as community psychiatry and palliative care as necessary. Residents’ positive health and wellbeing was optimized with regular exercise as part of their activation programme, annual influenza vaccination, regular vital signs monitoring, blood profiling and medication reviews.

Greater than 60% of residents in the centre had a diagnosis of dementia or had symptoms of dementia. The journey of a sample of residents with dementia was tracked and specific aspects of care such as safeguarding, nutrition, wound care, medicines management and end-of-life care in relation to other residents with dementia was reviewed.

The person in charge or their deputy visited prospective residents in hospital, other nursing homes or their own home in the community prior to admission. The pre-assessment information was retained in each resident's file and provided a comprehensive assessment of their needs. A small number of residents with dementia transitioned from respite care to continuing care in the centre. The provider and person in charge welcomed prospective residents to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

Communications were optimized between residents, their families, the acute hospital and the centre. Detailed summaries were prepared by the person in charge or staff for residents transferring to hospital outlining their physical, mental and psychological health, medications and nursing needs. This transfer documentation also detailed residents’ preferences and their support needs for any physical or behavioural and psychological symptoms of dementia (BPSD). Hospital discharge documentation was held for residents admitted to the centre from hospital to inform their treatment plans.
and ongoing care needs.

Each resident with dementia had a comprehensive assessment completed within 48 hours of admission to the centre to identify their needs. These assessments were reviewed every three months thereafter. Assessments included each resident’s risk of malnutrition, falls, their level of cognitive function and skin integrity, among others. A support care plan was prepared for each resident with dementia which described the person-centred care that they required from staff to meet their needs. Residents, where possible, and their families were consulted regarding the support care plan development and reviews thereafter. The support care plan was also updated to take account of any changes in individual residents’ health and wishes. Staff who spoke with the inspectors knew residents’ needs and were knowledgeable regarding their individual preferences and wishes.

Supporting the communication needs of residents with dementia was an area that was given emphasis the centre. Communication tools were used with some residents, such as talking mats. A communication policy was available. This document included strategies to inform the communication needs and supports for residents with dementia. The focus on this aspect of residents’ care had a positive impact on their confidence, wellbeing and quality of life in the centre.

Staff provided end-of-life care to residents, with GP and community palliative care service support as necessary. No residents were receiving end-of-life care on the day of inspection. Palliative care services were attending two residents to support them with pain management. Some residents with dementia had advance healthcare directives in place. Residents or their family on their behalf were involved in these decisions where possible. The person in charge was working to improve the documentation of residents individual preferences regarding their physical, psychological and spiritual needs and where they wished to receive end-of-life care. A pain assessment tool suitable for residents who were unable to verbalize their levels of pain was available and implemented in practice. Single bedrooms for providing end-of-life care were available. Residents’ relatives were facilitated to stay overnight with them when they became very ill. Staff outlined how residents’ religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents.

Residents’ risk of developing pressure-related skin injuries were closely monitored and care procedures to prevent pressure ulcers developing were implemented. Prevention procedures included regular risk assessment, frequent repositioning of residents with assessed risk, use of pressure relieving cushions and mattresses and nutritional assessment by the dietician. Wound care procedures reflected evidence-based practice. Tissue viability specialist services were available to support staff with developing treatment plans to optimize wound healing as necessary.

The nutrition and hydration needs of residents with dementia were met. A validated assessment tool was used to screen residents with dementia for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Mealtimes were a social occasion in the centre. Some residents liked to have a glass of
wine with their meal and this preference was facilitated. Residents had access to speech
and language therapy and dietician services and specialist diets were provided as
recommended. Residents' dietary recommendations were described in their support care
plan to ensure they were known to staff. There was a process in place to ensure
residents' specialized dietary needs were communicated to the chef by staff. The person
in charge was strengthening this process with arrangements whereby the chef was
provided with residents' specialized dietary recommendations in its original format.
The chef was sensitive to the needs of residents with dementia and made efforts to
ensure they were provided with appetizing food that met their individual preferences
and needs. Residents with dementia were provided with snacks throughout the day and
had a choice of hot meals for lunch and tea. Sufficient numbers of staff provided
residents with discreet assistance with their meals as necessary.

There were arrangements in place to review accidents and incidents within the centre,
and residents were assessed for risk of falls on admission and regularly thereafter.
There was a low incidence of falls in the centre resulting in an injury to residents.
Procedures were put in place to mitigate risk of further falls. Residents at risk of falling
had controls in place to prevent injury such as increased staff supervision and support
arrangements, hip protection, low-level beds, foam floor mats and sensor alarm
equipment. Staff worked to optimize residents' independence and mobility. Inspectors
also saw that some residents with diminished motor skills due to their dementia were
supported to regain their confidence with walking. This commitment by staff positively
impacted on residents' wellbeing and health.

There were written operational policies informing the ordering, prescribing, storing and
administration of medicines to residents with dementia. Practices in relation to
prescribing, administration and review of medications met with regulatory requirements
and reflected professional guidelines. The pharmacist who supplied residents’ medicines
was facilitated to meet their obligations to residents. There were procedures for the
return of out-of-date or unused medications. Medicines controlled by misuse of drugs
legislation were stored securely and balances were checked twice daily by staff.
Medicines requiring refrigerated storage were stored appropriately and the medicine
refrigerator temperatures were also checked daily.

Judgment:
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 were procedures in place for the prevention, detection and response to abuse. Staff were trained in the safeguarding of residents and those who spoke with inspectors were knowledgeable of this training. The provider and person in charge ensured that there were no barriers to staff or residents disclosing any concerns. Inspectors found that any allegations or potential concerns regarding the safeguarding of residents were well-managed. Residents who spoke with the inspectors said that they felt safe in the centre.

There were systems in place to support the appropriate management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The majority of staff had recently completed training in dementia care, and records indicated that part of this training focussed on managing responsive behaviours. Behavioural support plans had been developed for residents who had been assessed as requiring one. These were found to be person-centred and clearly guided staff in practice. Inspectors observed staff appropriately supporting residents throughout the inspection in line with the respective care plans.

A restraint-free environment was promoted within the centre. A risk register outlined that a low number of bedrails were in use in the nursing home, but it was demonstrated that alternative equipment such as low low beds and bed alarms were used where possible. Care plans of a number of residents using bedrails were reviewed by inspectors and found that appropriate assessments and reviews were in place for these residents. Records relating to the release of restraints were available.

The director of nursing confirmed that all staff and volunteers had An Garda Síochana vetting disclosures in place.

The nursing home did not act as a pension agent for any resident in the centre.

Judgment:
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:
All opportunities were taken to ensure residents with dementia were involved and supported to participate in the centre. Their voice was valued and their views were consistently sought. Inspectors noted a happy ambience in the centre. Residents were central to all the day-to-day happenings in the centre and staff worked to ensure their
lives had purpose and meaning. Residents' were consistently consulted by staff about their preferences about their daily lives and wishes regarding their care. Residents who spoke with inspectors expressed their satisfaction with the service provided and confirmed they enjoyed life in the centre. Residents were also encouraged and supported to be involved in the planning and organisation of the centre with regular residents' meetings. Family members of residents with dementia were welcomed to these meetings to support residents with voicing their views. An annual pilgrimage to Lourdes was being planned and 10 residents had expressed their interest in attending this year.

Inspectors found that all residents, including those with dementia, were supported to exercise personal freedom and choice. Staff were observed to consistently offer choices to residents with dementia in ways that suited their communication needs. Staff sought consent for all care activities and residents' right to refuse was respected. The person in charge and assistant director of nursing were available to both residents and visitors. Staff knew residents well and they took time to chat and engage socially with residents.

Although the layout and design of some shared bedrooms and toilet cubicles presented challenges, the management and staff team made efforts to ensure residents' privacy and dignity needs were met by knocking on bedroom and bathroom doors before entering. Staff also ensured bed screens and bedroom and bathroom doors were closed when assisting residents with their personal care. As discussed in outcome 6, the provider was working to improve the premises. Residents who spoke with inspectors were satisfied with the facilities provided. However, their privacy and dignity needs could not be met to an optimal standard due to the following;
- the location of screening curtains within close proximity to some beds in twin bedrooms and in a four bedded room did not ensure residents' privacy during hoist transfers.
- the four bedded room did not have an en-suite facility and not all residents could access the nearby toilet. The screening provided did not provide protection from sounds and smells.
- The partitions between two toilet cubicles did not extend from the floor to the ceiling and did not support residents privacy and dignity needs.
- Some residents had assistive equipment belonging to other residents stored in their bedrooms.

Residents with dementia were supported and facilitated to participate in activities that reflected their interests and capabilities. Information about each resident's previous life, significant events and places and their interests were collated and used to support social engagement and to inform an activity programme that met their capability needs. Facilitation of activities for residents was an integral part of the role of each staff member. There was a schedule of activities planned for each day and this was displayed to give residents' choice regarding the activities they wanted to participate in. While there was a variety of activities facilitated each day suitable for group participation, emphasis was also put on facilitation of one-to-one sensory-focused activities by staff for less able residents. Residents with dementia were also encouraged to pursue activities independently such as gardening with raised flower beds. A karaoke music session was a firm favourite for many residents on the day of inspection. These approaches to providing activities and person centred engagement enhanced the quality
of life for residents with dementia.

Some residents also liked to read. Several bookcases of books were located at various points throughout the communal areas within easy access for residents. Local and national newspapers were made available for residents with dementia. A telephone and wireless internet was also available and residents were facilitated to exercise their civil, political and religious rights.

There was an open visiting policy in the centre. Several residents’ friends and relatives visited during the day of inspection. Residents could meet their visitors in private in a number of areas in the centre outside of their bedroom.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record interactions at five minute intervals in the dining/sitting room. The inspectors’ observations concluded that positive connective care was provided to residents by staff. Staff members were courteous and kind when addressing residents and visitors, and respectful and discreet when attending to the needs of residents.

**Judgment:**
Substantially Compliant

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**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:**
Residents told inspectors that they were aware they could make a complaint regarding any dissatisfaction with the service. Both positive and negative feedback was welcomed by the provider and person in charge. Advocacy services were available to assist residents with dementia where necessary.

A policy and procedure was in place to inform management of complaints in the centre. A summary of the complaints’ procedure was displayed in accessible format to assist residents with medical conditions that impaired their cognition or vision to understand the process. The complaints procedure was described in the residents’ guide, made available in an accessible format.

The complaints’ policy included details of the person nominated to deal with complaints and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the independent appeals process.
A detailed record of the day-to-day issues of dissatisfaction raised by residents and their families was maintained. All issues were investigated and closed out. The actions taken to resolve these areas of dissatisfaction were recorded and whether the complainants were satisfied with the outcome. Areas for improvement were identified and implemented. Complaints were reviewed at governance and management meetings attended by provider representative and person in charge.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
Inspectors found that there were sufficient staff and a suitable skill mix to meet the assessed needs of residents in the centre, particularly those with dementia. Staff were observed interacting with residents in a kind, patient and meaningful manner throughout the inspection.

A planned and actual staff rota was in place, with changes clearly indicated. The roster reviewed by inspectors reflected the staff on-duty on the day of inspection.

A comprehensive induction process, including adequate training, was in place for newly-recruited staff. Annual appraisals were carried out with staff and inspectors saw evidence of those that had been completed this year to date. Inspectors found that staff were well-supervised by the nursing home’s management team.

Staff training records indicated that mandatory training requirements were facilitated and that staff were also supported to attend training to support their professional development. Staff who spoke with inspectors were able to confirm the training that they had completed and describe this training in detail.

A sample of staff files were reviewed by inspectors, and these were found to contain all of the information required by Schedule 2 of the regulations, including evidence of completed An Garda Síochána Vetting. All staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A number of volunteers were operating in the centre at the time of the inspection. An Garda Síochána Vetting disclosures were in place for these volunteers and their roles and responsibilities were set out in writing.
Judgment:
Compliant

**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:**
Residents' accommodation in the centre is located at ground floor level except for accommodation for four residents in two single and one twin bedroom which is provided on the mezzanine level. This level is accessible by two steps. Residents' communal sitting and dining areas was provided in an open plan layout. Residents' bedroom accommodation consisted of 13 single bedrooms, 10 twin bedrooms and one bedroom accommodating four residents. Two twin and two single bedrooms were fitted with ensuite toilet and washing facilities. Many residents' bedrooms were personalised with their favourite photographs, ornaments and pieces of furniture.

While the provider had reviewed the layout and design of residents' bedrooms, further improvement was necessary to the layout and design of some twin bedrooms, a four bedded room and two toilet cubicle to preserve the privacy and dignity of the residents. There was also insufficient storage facilities for laundry skips and residents' assistive equipment. The provider had already identified these necessary improvements and has submitted a plan to the planning authority for permission to refurbish and extend the premises.

The communal sitting and dining areas were spacious, brightly coloured and provided a therapeutic environment for residents. Residents' seating was comfortable. There was an abundance of traditional memorabilia that was familiar to residents on display. Old style lamps were used for soft lighting. Bookcases and display cabinets were located in the various communal areas. Residents were able to use these features to help them orientate themselves to the building. Inspectors saw that staff stopped with residents to point out items of interest. This often initiated a conversation with the resident involved about a memory shared.

As the communal sitting and dining rooms were in an open plan design, these areas were busy at times. While no residents with dementia appeared over-stimulated on the day of inspection, a quiet room where residents with dementia who were sensitive to noise and stimulation could rest would be of value to their quality of life.

Residents were mobilizing around the centre throughout the day either independently or with the support and supervision of staff. Floors were non slip and were covered by carpets or linoleum. Large windows promoted good use of natural light in communal
areas and some corridors in the centre. Non-patterned floor covering throughout the centre promoted safe mobility for residents with dementia. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame.

Measures were in place to promote residents' independence and way finding. Bedroom doors were painted in bright colours selected by individual residents. Signage was used to help residents identify key areas such as toilets and bathrooms. Handrails on corridors were painted in a contrasting colour to surrounding walls. However handrails were not fitted on both sides of the steps up to the mezzanine level. This presented a potential risk to the safety of residents.

Residents could access a large attractive, secure outdoor garden. Appropriate outdoor seating and tables with canopy sheltering was also provided. The garden was interesting and vibrant with numerous colourful flowerbeds and brightly painted garden ornaments. While the weather was wet on the day of inspection, residents with dementia took full advantage of the sunny weather and used the garden to rest and relax in the sunshine.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005536</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20/07/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21/08/2018</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 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:
Residents' privacy and dignity needs could not be met to an optimal standard due to the following;
- the location of screening curtains within close proximity to some beds in twin bedrooms and in a four bedded room did not ensure residents' privacy during hoist transfers.
- the four bedded room did not have an en-suite facility and not all residents could

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
access the nearby toilet. The screening provided did not provide protection from sounds and smells.
- The partitions between two toilet cubicles did not extend from the floor to the ceiling and did not support residents privacy and dignity needs.
- Some residents had assistive equipment belonging to other residents stored in their bedrooms.

1. **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:**
1. A review of all bedroom screening will be carried out and any necessary changes found during this audit will be made.

2. All bedroom sizes comply with the Regulations 17(2) S.I. 414/2013 and S.I. 293/2016 for existing centres. The Provider and PIC always ensure that the Resident’s needs can be met by the room they are assessed for. The Resident and family also take part in this decision making process. The provider is committed to implementing plans, which are currently at planning permission stage, for the refurbishment and extension of the premises to include the improvement of shared bedrooms.

3. The 4 bedded room will be reconfigured during the construction of the second phase of the build to include an en-suite facility.

4. The partitions between the two toilet cubicles will be re-constructed from floor to ceiling.

5. The Assistive equipment currently not being used has been removed from the bedrooms

6. The provider had already identified these quality improvements during internal audit and has submitted a plan to the planning authority for permission to refurbish and extend the premises in phases.

**Proposed Timescale:**
1. 31/08/18
2. 30/12/21
3. 30/08/20
4. 30/10/18
5. Completed 21/07/18
6. 30/12/21

**Proposed Timescale:** 30/12/2021

**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:
Improvement was necessary to the layout and design of some twin bedrooms, a four bedded room and two toilet cubicle to preserve the privacy and dignity of the residents.

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

Please state the actions you have taken or are planning to take:
1. A review of all bedroom screening will be carried out and any necessary changes found during this audit will be made.

2. All bedroom sizes comply with the Regulations 17(2) S.I 415/2013 and S.I. 293/2016 for existing centres. The Provider and PIC always ensure that the Resident’s needs can be met by the room they are assessed for. The Resident and family also take part in this decision making process. The provider is committed to implementing plans, which are currently at planning permission stage, for the refurbishment and extension of the premises to include the improvement of shared bedrooms.

3. The 4 bedded room will be reconfigured during the construction of the second phase of the build to include an en-suite facility.

4. The partitions between the two toilet cubicles will be re-constructed from floor to ceiling.

5. The provider is committed to implementing plans, which are currently at planning permission stage, for the refurbishment and extension of the premises in phases.

Proposed Timescale:
1. 31/08/18
2. 30/12/21
3. 30/08/20
4. 30/10/18
5. 30/12/21

Proposed Timescale: 30/12/2021
Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was also insufficient facilities for storage of laundry skips and residents' assistive
Handrails were not fitted on both sides of the steps up to the mezzanine level to ensure residents' safety when independently accessing this level.

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:
1. The Assistive equipment currently not being used has been removed from the bedrooms and the laundry skip removed from the bathroom.
2. The handrail has been replaced beside the two steps to the mezzanine level.

**Proposed Timescale:** 21/07/2018