<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cherry Grove Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005595</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Priesthaggard, Campile, New Ross, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>051 388 060</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:tom.cummins@cherrygrovenursinghome.ie">tom.cummins@cherrygrovenursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Cherry Grove Nursing Home Ltd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced  Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>53</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</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>08 May 2018 10:30</td>
<td>08 May 2018 17:30</td>
</tr>
<tr>
<td>09 May 2018 09:30</td>
<td>09 May 2018 15:30</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>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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</table>

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspectors' rating for each outcome.

Cherry Grove Nursing Home is a purpose-built two-storey centre, which provides
residential care for 60 people. All resident accommodation is on the ground floor. Approximately 22% of residents have dementia. This centre does not have a specific dementia unit.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, records and staff training records were reviewed.

The atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

The action required from the previous inspection relating to finalising the annual review of the quality and safety of care was completed.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had access to general practitioner (GP) services and to a range of other health services. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Improvement was also required to ensure that the detail in the care plans was sufficient to guide practice.

While some safeguarding measures were in place the use of restrictive practices required review to ensure compliance with national guidelines. Improvement was also required regarding documentation in relation to responsive behaviours.

Meals and mealtimes required improvements to ensure that residents with dementia had sufficient choices, that the timing of meals was in line with conventional mealtimes, and that adequate assistance was available to residents.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities, including a range of dementia specific training courses.

There was a recruitment policy in place but some staff files did not meet the requirements of the regulations.

The results from the observations indicated that improvement was required to ensure that interactions resulted in an overall positive outcome for residents. The activity programme also required priority review.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.
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:**
The inspector found that improvements were required to ensure that each resident’s wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. These related to nutritional needs, end-of-life assessments and care planning documentation.

The inspector reviewed a sample of care plans and saw that in general they were person-centred and complete. Some care plans did not contain sufficient detail to guide staff. For example, on reviewing a care plan for a resident with diabetes, the inspector noted that no reference was made to the requirements for blood sugar recording. The inspector was satisfied that these were being carried out but the care plan did not guide the practice.

The inspector saw that the care plans were updated to reflect the recommendations of various members of the multidisciplinary team. This had been identified as an area for improvement at the last inspection.

The inspector was not satisfied that all residents needs in relation to nutrition were met and that meals and mealtimes were an enjoyable experience.

There were two sittings for meals. The more dependent residents were at the first sitting. The inspector saw that residents were being brought up to the dining room at around 11.30am and the meal was served before 12md. Many residents were only finishing their mid-morning cup of tea at this time.

The inspector saw that some residents had their meals placed in front of them even though assistance was not available at that time. The inspector also saw a staff member assisting two residents at the same time. There was conflicting accounts as to whether a choice was available to residents who required modified consistency meals. One staff member told the inspector that there was both lamb and chicken modified while a kitchen staff member told the inspector that only one meat had been prepared as modified.
The inspector also was unable to verify if residents who required their meal in a modified consistency had the same choices available to them at tea time. Again there was conflicting accounts.

At the first sitting, the inspector did not hear any resident being asked their choice at meal time. It was noted that second sitting was a different system and a social occasion with residents being offered choice and good humoured banter between staff and residents.

The inspector discussed these issues in detail with the person in charge and action was required to address them. The inspector also discussed the possible advantage of having pictorial minus to assist residents in making their choice.

Weights were carried out at regular intervals, dietary/fluid intake was recorded daily when required, and nutritional assessments were carried out. The specific dietary needs of residents were clearly documented in the kitchen. Records showed that some residents had been referred for dietetic review.

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Although there were several examples of good practice in relation to end of life, the inspector found that, in some cases, in the sample of care plans reviewed, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided. This had previously been in place but was not in use consistently at the time of inspection. Otherwise, the inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. The person in charge stated that the centre received support from the local palliative care team if required.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on referral. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

**Judgment:**
Non Compliant - Moderate
**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 inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Improvement was required around the use of restraint, the management of responsive behaviours and staff training.

The inspector reviewed the use of restraint and found that risk assessments were completed prior to use. However, there was no documented evidence that any less restrictive alternatives had been tried, prior to the use of bedrails. In addition, it was noted that the care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use. There was documented evidence that safety checks were being completed when bed rails were in use.

Some residents had episodes of responsive behaviours. However, some care plans did not contain specific details such as possible triggers and interventions to guide the staff. Despite this, the inspector saw that staff were familiar with appropriate interventions to use. During the inspection, staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector noted that additional training had been provided for staff. Support and advice were available to staff from the psychiatry services.

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. However, it was noted that a small number of staff had not attended training in line with the regulations. The person in charge discussed current difficulties in sourcing this training.

The provider did not act as pension agent for any resident. No monies were managed on behalf of residents.

**Judgment:**
Substantially Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
<table>
<thead>
<tr>
<th>Person-centred care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents including residents with a dementia related condition had limited opportunities to participate in activities in accordance with their interests and capacities.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that only 17% of interactions demonstrated positive connective care, 34% reflected task orientated care while 29% indicated neutral care. Importantly, 12% of interactions classed as institutional or controlling care. These results were discussed with the management who attended the feedback meeting. The provider representative gave an undertaking to address this as a priority.

The inspector noted that for long periods of time during the inspection, although a staff member was providing supervision in the day room, this did not include the provision of any activities. Staff and residents confirmed this to be the case. While an activity coordinator was employed her duties included supervision of the day room and providing the mid-morning and mid-afternoon drinks to residents. This limited the amount of time available to engage in meaningful activities. Although a programme of events was on display, during the course of the inspection on day one and up to lunch time on day two, no planned activities had taken place.

The inspector found that satisfied residents' privacy and dignity was respected. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. The inspector noted good humoured banter between the residents and staff.

There was a residents’ committee which met on a three monthly basis. Twice yearly resident satisfaction surveys were also carried out. The inspector was satisfied that residents' religious and civil rights were supported. Each resident had a section in their care plan that set out their religious or spiritual preferences. Maas was celebrated on a regular basis within the centre. Advocacy services were available.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. During the day residents were observed to move around the centre freely.

**Judgment:**
Non Compliant - Moderate
### 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:
The inspector was satisfied that the complaints of each resident including those with dementia, his or her family, advocate or representative and visitors were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. There was an appeals process if needed.

#### 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 inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the centre. Improvement was required to ensure that staff files were complete.

There was a recruitment policy in place. The inspector reviewed a sample of staff files and found that some were not complete. For example, two of four files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations. One of four had only one reference on file.

The inspector saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on issues such as confidentiality and policies and this was signed off once completed. Appraisals also took place on a yearly basis.
Up-to-date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

The training records for all staff were reviewed and showed that a wide range of training was provided for staff including training in areas such as dementia, managing behaviours that challenge and infection control. The provider had scored themselves as substantially compliant in this outcome as they had plans in place to provide additional training on dementia care.

There were no volunteers in the centre at the time of inspection. The person in charge was aware of the requirements of the regulations in the regard.

**Judgment:**
Substantially Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The 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. Once the planned garden improvements are completed, the centre will meet the needs of all residents including residents with dementia.

Cherry Grove Nursing Home is a purpose-built two-storey centre and all resident areas are located on the ground floor. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming.

In total there are 41 single, eight twin and one three-bedded bedroom. All bedrooms have en-suite facilities. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Bedroom windows allowed residents good views of the garden. Clocks were also available in each room.

There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, a visitor's room, a dining room, an oratory, treatment room, smoking room, kitchen, hairdressing room, storage rooms and two sluice rooms.

The upstairs area, which was accessible by stairs and lift, provided office space, staff facilities and the laundry in addition to storage.
The inspector found that appropriate assistive equipment was available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The inspector noted that there were contrasting colours in toilets and bathrooms to aid orientation. Directional signage was in place around the building. The inspector noted that wall murals depicting local scenes had been put up in an area where some residents liked to sit. The person in charge discussed plans to put additional lighting in this area.

The environment was bright, clean and well maintained throughout. There was extensive grounds around the building. The provider had identified the need for a secure garden area and plans were in place to address this in the next couple of weeks.

Adequate parking was available at the front of the building.

**Judgment:**
Substantially Compliant

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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:**

Sheila Doyle
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 report**

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>08/05/2018 and 09/05/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31/05/2018</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 did not contain sufficient detail to guide staff.

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

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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:
All care plans will be reviewed and updated to reflect needs of residents and staff will receive further training in maintaining and updating care plans

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<th>Proposed Timescale: 01/09/2018</th>
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<tr>
<td>Theme: Safe care and support</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided.

2. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Care plans will be duly updated to document the wishes of resident in relation to end of life care if residents are willing to discuss (if unwilling same will be documented). Staff will be encouraged to discuss this aspect in further detail with their residents

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Choice was not offered to all residents at meal times.

3. Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
Residents are offered a choice on completion of their preferred meal choice which is completed on admission and updated given changes in medical condition and dietary reviews or upon change in menu as there is a two weekly rollover of menu. Pictorial menus will be developed to further enhance the choice for residents on a daily basis
Proposed Timescale: 01/09/2018

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The first sitting for dinners was before 12md.

4. Action Required:
Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

Please state the actions you have taken or are planning to take:
The time for commencement of first sitting for dinner has been pushed back to 1215hrs with the second sitting therafter

Proposed Timescale: 31 May 2018

Proposed Timescale: 31 May 2018

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Although meals were placed in front of some residents, assistance was not always available when required.

5. Action Required:
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:
Staff have been re-allocated and retrained in the meal time experience with the change of mealtime that has commenced and are providing adequate assistance to residents for meals.

Proposed Timescale: 31 May 2018

Proposed Timescale: 31 May 2018

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
Some residents had episodes of responsive behaviours. Some care plans did not contain specific details such as possible triggers and interventions to guide the staff.

6. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
All care plans will be reviewed and updated to reflect needs of residents and staff will receive further training in maintaining and updating care plans. The Clinical Nurse Manager has been educating the nurses in the updating of care planning and has updated all nurses. He has allocated each nurse new care plans to update to reflect their allocation.

Proposed Timescale: 01/09/2018
Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that any alternatives had been tried prior to the use of bedrails. In addition, it was noted that the care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use.

7. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All care plans will be reviewed and updated to reflect needs of residents and staff will receive further training in maintaining and updating care plans, this will include residents that require bedrails and the assessment for bed rails will be updated to detail alternatives that may have been trialled prior to the commencement of bedrails.

Proposed Timescale: 01/09/2018
Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A small number of staff had not attended training on prevention, detection, reporting
and investigating allegations or suspicion of abuse.

8. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
As was highlighted during the inspection this training is no longer being provided locally and as instructed by Nursing Homes Ireland we are advised to return to “Elder Abuse training” for staff that require same. This is in the process of being organised. We have booked online safeguarding training which obviously an incurred cost, the HSE training was free and obviously we would have utilised this option if it was not under review and available to us.

**Proposed Timescale:** 01/10/2018

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### 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 with a dementia related condition had limited opportunities to participate in activities in accordance with their interests and capacities.

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

**Please state the actions you have taken or are planning to take:**
The entire activities schedule is being reviewed to make it more realistic, achievable and orientated to the needs of all residents

**Proposed Timescale:** 01/07/2018

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### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Two of four staff files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations. One of four had only one reference on file.

10. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The staff files in question have been reviewed, as will all files, to ensure all requirements are contained within

**Proposed Timescale:** 01/09/2018

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<th><strong>Outcome 06: Safe and Suitable Premises</strong></th>
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<td><strong>Theme:</strong></td>
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<td>Effective care and support</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Continue with plans to create a secure and safe garden area for residents.

11. **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:**
Contractor has been contacted and has assured completion of same within two weeks

**Proposed Timescale:** 13/06/2018