

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ennis Nursing Home
Centre ID:	OSV-0000683
Centre address:	Showgrounds Road, Drumbiggle, Ennis, Clare.
Telephone number:	065 682 4262
Email address:	managerennis@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	2

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 August 2018 09:00	29 August 2018 18:00
30 August 2018 09:00	30 August 2018 15:30

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

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

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.

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 compared the service 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.

While this centre does not have a dementia specific unit the inspector focused on the

care of residents with a dementia during this inspection. 13 residents were formally diagnosed with dementia. The inspector met with residents, relatives and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

Overall, the inspector found that the management team, person in charge and staff were committed to improving the quality of service for residents including residents with dementia.

The design of the building was suitable for its purpose. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was secure and residents had access to an enclosed garden courtyard which was easily accessible. Signs and pictures had been used to support residents to be orientated and find their way around the centre.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Staff continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for all residents. Detailed life histories had been documented for most residents and staff were observed to use this information when conversing with residents.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a diagnosis of dementia were particularly caring and sensitive.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around as they wished.

The collective feedback from residents was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Some improvements were required to ensure that the policy on the use of restraint was fully implemented. This improvement is discussed further in the report and in the action plan at the end of the report.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services .Residents had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. A local General Practitioner (GP) attended most residents and visited the centre twice weekly. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. The inspector was satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. A physiotherapist visited weekly. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

There were policies in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised the inspector that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the nursing home, they would consider if the residents needs would be met in that environment.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans were in place for some residents with specific needs such as pressure care, nutrition, wounds and responsive behaviour. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff showed the inspector the hospital transfer letter template which was completed when a resident was transferred to hospital. The inspector reviewed the transfer letter which allowed for appropriate information regarding the health needs, medications and residents specific needs. The clinical nurse manager was currently in the process of developing a communication passport for residents with a dementia to ensure that their specific needs would be understood and met. Nursing staff confirmed that residents with a dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were large written and colourful pictorial menu boards in each dining area which clearly displayed what food choices and dishes were available for each meal. The inspector noted that the management team and staff had ensured that many improvements were put in place following the last inspection. In particular, many improvements were noted to the dining experience and quality of the service provided in the first floor dining room. Mealtimes in all three dining rooms were social occasions in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. A variety of assistive cutlery and plates were provided for some residents so that they could eat their meals independently. The inspector noted that staff assisting residents with advanced dementia were caring and sensitive. Nursing staff now supervised all three dining rooms.

The management team continued to regularly review and audit the dining experience to ensure that improvements were sustained.

A variety of hot and cold drinks, as well as snacks and fruit were offered and encouraged throughout the day. Residents told the inspector that they could have something to eat or drink at any time including night time.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. The inspector noted adequate wound assessment and wound care charts in place. Staff had access to support from the tissue viability nurse if required.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. The physiotherapist reviewed residents post falls and recommendations were reflected in residents care plans. Low-low beds, crash mats and sensor alarms were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times. The management team had identified falls management as an area for improvement following the annual review of the quality and safety of care in the centre. Many staff had recently attended falls prevention management training.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Many staff had completed training on end of life care and further training was planned during 2018. Religious sacraments were available to all residents as desired. Families were facilitated to stay overnight and were provided with refreshments and food.

Staff continued to provide a range of meaningful and interesting activities for residents. There was an activities coordinator and social care practitioner on duty. There was a daily schedule of activities taking place on each floor. The weekly schedule was displayed in the communal areas as well as in residents' bedrooms. The schedule included both group and individualised activities. A meaningful activities assessment had been completed for all residents and residents' life history had been documented. Staff were observed to use this information to engage meaningfully with some residents. The management team had invested in new equipment, board games, puzzles, sensory aprons, blankets and fidget muffs specifically designed for people with dementia. The activities coordinator and social care practitioner had brought about improvements to the range of suitable, meaningful activities and 1:1 sessions for residents with dementia. Further staff training was planned in sensory modulation.

The inspector observed some residents enjoying a range of activities during the inspection including partaking in an arts and crafts workshop, baking group, sensory stimulation and hand manicures. Some residents were observed reading the

newspapers, others walking about the centre, some feeding the birds in the enclosed garden area while others were collected and attended local day care centres. Other activities that took place regularly included individual and group Sonas (therapeutic programme specifically for residents with Alzheimer disease) sessions, bingo, ball therapy, skittles, crosswords and puzzles, foot and hand massage and foot spa treatment. A book club and therapy day were held weekly. Outdoor activities including walking and gardening also took place depending on the weather. There were regular visits from a local musician and residents told the inspector how they had enjoyed the recent 10 year anniversary celebrations. Some residents had recently gone on day trips to areas of local interest, the bowling alley and Knock religious shrine. Many residents spoken with stated that they enjoyed the variety of activities taking place.

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:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse. Some improvements were required to ensure that the policy on the use of restraint was fully implemented.

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

There were comprehensive policies on safeguarding vulnerable persons at risk of abuse, responding to allegations of abuse and management of whistleblowing. Staff spoken with confirmed that they had received training and were knowledgeable regarding their responsibilities. Training records reviewed indicated that staff had received ongoing education on safeguarding.

The inspector was satisfied that robust systems were in place for the management of residents' finances. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident and two signatures were recorded for each transaction. Regular audits were carried out by the person in charge as well as by the administration manager from head office.

The provider acted as pension agent for a small number of residents and all money was paid into an interest bearing resident account. Monthly statements were available at the

request of residents. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There was a further reduction in the use of bed rails. There were two residents using bed rails at the time of inspection, one at the residents own request. There were no residents with a dementia assessed as requiring bed rails. Alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspector noted that risk assessments and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, quieter environment for some residents and the inspector observed this taking place in practice. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services.

Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. However, there were no records maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine contrary to the restraint policy guidance.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoken stated that they were supported by great staff and received very good care.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected. All issues identified during the previous inspection had been addressed.

Residents' committee meetings continued to be held on a regular three monthly basis. The person in charge stated that families were invited to attend and notice of upcoming meetings were displayed in the centre. Minutes of meetings were recorded, issues discussed at the most recent meeting included entertainment, activities, day trips, food, laundry, cleaning and follow up to previous issues discussed. There was evidence that issues raised by residents at previous meetings had been addressed or improved.

The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how they enjoyed availing of the service.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred location.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the main dayroom and relayed to televisions in residents bedrooms for those who preferred to stay in their rooms. Residents recited the rosary each evening and the ministers of the Eucharist visited weekly. The person in charge advised that all residents were currently Roman Catholic but that all residents of varying religious beliefs were facilitated as required. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent general election.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home.

Residents had access to information and news, daily and weekly local newspapers, the weekly parish newsletter, notice boards, radio, television and Wi-Fi were available.

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:

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

All complaints were reviewed by the healthcare manager and discussed at the monthly governance meetings.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

On the day of inspection there were 56 residents living in the centre, two residents were in hospital. Residents dependency levels were assessed using a recognised validated tool. There were 32 maximum, 21 high, three medium and two residents of low dependency level. There were three nurses, a clinical nurse manager and eight care

assistants on duty during the morning time, three nurses, a clinical nurse manager, seven care assistants and one social care practitioner on duty during the afternoon, two nurses, seven care assistants and one social care practitioner on duty in the evening time. At night time there were , two nurses and 3 care assistants on duty. The social care practitioner worked from 8am to 8pm, and assisted with direct resident care in the morning time and at meal times. The person in charge and activities coordinator were normally on duty during the day time Monday to Friday.

The person in charge and healthcare manager told the inspector that staffing levels and work organisation were regularly reviewed. They advised that many new staff had been recruited since the last inspection and recruitment of additional staff was on-going. Staff spoken with confirmed that work organisation had much improved and that the recruitment of new staff had been helpful.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. The inspector reviewed a sample of recently recruited staff files which were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction, orientation and training certificates were noted on staff files.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety, moving and handling and infection control.

The staff also had access to a range of education, including training in specific dementia care training courses, medication management, recognition of deterioration incorporating early warning scores, food safety management systems, falls management and cardiac pulmonary resuscitation. There was a training plan in place for 2018 and further training was planned in sensory modulation, pain management, end of life care, communication, pressure area care and wound management.

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:

The centre was two storey and purpose built. The design of the building was suitable for its purpose and promoted the dignity, well being and independence of its users. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. Corridors were seen to be clear of any obstructions. Service users were seen to be moving around as they chose within the centre. Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia. There was a lift provided between floors.

There was a variety of communal day spaces on both floors including day rooms, dining rooms, quiet room, oratory, smoking room, family room, hair dressing room and large reception area with seating. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was in single and twin rooms, all with assisted shower, toilet and wash-hand basin en suite facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken with stated that they liked their bedrooms. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and adequate personal storage. The rooms also had enough space for equipment such as hoists to be used. Call bells were accessible in all bedrooms and bathrooms.

Appropriate signage was provided throughout the building. There was a sign with a word and a picture for bathrooms and other rooms. Each bedroom had a photo or picture of residents choice on their door. Residents had chosen pictures of specific significance to themselves, the aim of these were to provide visual cues for people to recognise their own bedroom.

There were 'signposts' on each floor that directed residents and visitors to bedrooms on that floor. Artistic murals were painted on the walls and included floral and landscape scenes and also points of interest such as a 'post office' and 'post box'.

The premises was located on well maintained external grounds with walkways, seating, colourful planted areas and ample car-parking. Residents also had access to a landscaped, secure enclosed courtyard garden that was directly accessed from the ground floor dining room.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

Access to and from the centre was secure. The main entrance doors were fitted with numerical key pads and all fire exit doors were alarmed. CCTV cameras were located at the external doors. There was clear signage displayed indicating the use of CCTV.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ennis Nursing Home
Centre ID:	OSV-0000683
Date of inspection:	29/08/2018 and 30/08/2018
Date of response:	08/10/2018

Requirements

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

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

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

There were no records maintained to indicate the rationale for administration of psychotropic medications prescribed on an 'as required' (PRN) basis, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine contrary to the restraint policy guidance.

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

1. 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:

We will ensure that there are care plans in place to indicate the rationale for administration of psychotropic medications on an 'as required' (PRN) basis for all residents where these medications are indicated. Antecedent, Behaviour and Consequence (ABC) charts will be recorded as appropriate for any resident who displays Behaviour or Psychological Symptoms of Dementia (BPSD), in order to assess the triggers for such behaviours and to help identify the techniques and interventions that help to de-escalate agitation or anxiety. The care plans will include a description of the individual triggers for BPSD and a plan to outline distraction techniques and effective interventions. This will include a guideline for staff about when it is appropriate to administer psychotropic medications, which will ensure a consistent approach by all staff in managing BPSD; and the effect of the PRN psychotropic medications will be recorded in the daily progress record of the individual resident.

Proposed Timescale: 31/10/2018