

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lusk Community Unit
Centre ID:	OSV-0000505
Centre address:	Station Road, Lusk, Co. Dublin.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Ann Wallace
Support inspector(s):	Deirdre O'Hara
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	48
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 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: 10 May 2019 08:30 To: 10 May 2019 18:00

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	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 07: Health and Safety and Risk Management	Not applicable	Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection which looked at six outcomes in relation to how the provider met the resident's needs with particular reference to the needs of those residents living with dementia. The inspector also reviewed the compliance actions following the last inspection under outcome 7 Health and Safety and Risk Management.

The provider had completed a self assessment questionnaire prior to the inspection and had judged the service as compliant in four areas and identified that improvements were required in the outcomes relating to premises and staffing. The provider had put an action plan into place to address the improvements required and this was partially completed at the time of the inspection. During the inspection the

inspectors found that the service was compliant in three outcomes; health and social care, safeguarding and safety and complaints and was substantially compliant in three outcomes; premises, residents rights, dignity and consultation and staffing. The findings are laid out in the main report below.

A number of improvement actions had been completed since the last inspection however one action in relation to fire safety precautions had not been adequately addressed. The inspectors found that one fire exit close to the laundry room was not kept clear at the time of the inspection. The corridor leading to the fire exit was partially blocked by equipment and a laundry basket. In addition the external escape route was cluttered with gardening equipment and the pathway was slippery with moss. This was addressed by the person in charge during the inspection.

Overall the inspectors found that residents with dementia received a high standard of evidence based nursing care and had access to a range of appropriate health and social care to meet their needs. The access to general practitioner (GP) services was a particular strength of the unit and the GP visited the unit on most days which meant that residents were seen promptly by a GP who knew them well.

The inspectors met with a number of residents and their families on the day of the inspection and found that they reported high levels of satisfaction with the care and services that they received in the designated centre.

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 inspectors found that each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care and appropriate medical and health and social care services.

Inspectors reviewed a sample of resident's records and care plans. Each resident had been assessed prior to their admission to ensure that the designated centre could meet their needs and that a good client /home fit was achieved. Following their admission the resident had a further assessment completed by nursing staff in the designated centre. The assessment included information about the person's current needs, their self-care abilities and their preferences for care and daily routines. This information was used to develop and agree a care plan with the resident and/or their family. Care plans were regularly reviewed and updated by nursing staff. Care plans were well written and reflected the resident's current needs, interests and capacities. Staff on each unit were familiar with the care plans for resident's they were providing care and services to and inspectors found that care was delivered in accordance with each resident's agreed plan of care.

Care plans were reviewed every four months or more often if the resident's needs changed. There was clear evidence that residents and/or their families were involved in care plan reviews if they wished to participate. Residents and families who spoke with the inspector said that they were kept well informed about any changes in their care or wellbeing and were involved in the decisions about the care and services that were provided for them.

Residents had good access to a range of health and social care services to meet their needs. These included physiotherapy, occupational therapy, dietitian, speech and language therapy, community mental health services and palliative care services when required. Dental, chiropody and optical services were accessed for residents in order to maintain their optimum health and independence. Those residents who were eligible to take part in the national screening programmes were supported to do so if they wished to participate.

Residents were seen regularly by their general practitioner (GP). The GP was in attendance each day and was available out of hours if needed. Inspectors noted that the GP service was a particular strength of the designated centre and ensured that residents living with dementia who needed medical care had access to a GP who knew them well. Where a resident with dementia or other cognitive impairment made it known that they did not want a particular medical or care intervention this was respected by nursing and medical staff.

Specialist medical services were available including access to a consultant in older person's medicine and consultant psychiatry. Records showed that referrals were made promptly if a resident's condition needed expert review. As a result the medical care reflected the nature and extent of each resident's condition and dependency.

Records showed that where a resident with a diagnosis of dementia or cognitive impairment was transferred to another care facility all relevant information was provided to the receiving care facility. Where a resident was transferred back to the centre, nursing staff worked with the other care facility to plan a safe discharge for the resident's return.

Records showed that each resident living with dementia received appropriate care and support at the end of their life. Care practices were in place to ensure that end-of-life care was provided in a manner that met the resident's needs for nursing and medical care whilst respecting their wishes and maintaining their dignity and autonomy.

There were well established processes in place to ensure that residents living with dementia did not experience poor nutrition and hydration. Inspectors found that each resident was provided with appropriate meals, snacks and drinks to meet their needs. Residents were weighed regularly and where a resident did not want or was unable to cooperate being weighed nursing staff had been trained to record and monitor the resident's body mass index (BMI). Records showed that nursing staff monitored and identified concerns in relation to a resident's nutrition promptly and made appropriate referrals to dietician and speech and language therapists (SALT). Where specialist practitioners had recommended specific interventions these were incorporated into the resident's care plan and were notified to catering and care staff.

Food was properly prepared and served for the residents. There was plenty of choice on the menus, including choices for those residents who required textured diets. Residents told the inspectors that they enjoyed their meals and that they could ask for something else if they did not want anything on the menu. Staff serving and assisting at meal times were familiar with each resident's dietary needs and preferences.

The inspectors observed the lunch time meal and found that there were enough staff to assist those residents who needed help with or prompting to eat their lunch. Staff were discreet and respectful when assisting those residents who did not have capacity to eat independently.

The dining room was a bright and spacious communal area and was well equipped with specialist tables and items of cutlery and crockery to facilitate residents to eat

independently. However the inspectors noted that the room was very busy when all the residents were sat at the tables and noise levels were high. In addition it was sometimes difficult for staff to mobilise between the tables without bumping into residents and each other. Some residents did choose to take their meals in a small quiet sitting room away from the dining room but accommodation in this room was limited to four residents.

There were clear policies and procedures in place for the administration of medications. Nursing staff administered medications in line with best practice guidance and the centre's own policies and procedures. This was an improvement from the previous inspection.

The general practitioner (GP) reviewed each resident's medications regularly. Nursing staff were knowledgeable about each resident's medication and potential side effects. Nursing staff monitored the effect of medications and reported any concerns to the GP promptly. As a result each resident received medications in line with their needs and as prescribed by their GP.

Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

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 inspectors found that the provider had taken adequate measures to protect residents with dementia and other cognitive needs from abuse. There was a clear policy in place for the prevention, detection and response to abuse. All staff had attended training on elder abuse and safeguarding and were aware of their responsibility to look out for and report any concerns or allegations to senior staff.

The provider and person in charge monitored the systems that were in place to protect the residents and worked to ensure that there were no barriers to staff or residents reporting their concerns or allegations of abuse.

Residents with dementia appeared contented and did not display any signs of fear or concerns during their interactions with staff members. Staff interactions with residents were marked by genuine respect and empathy with many staff clearly very fond of the residents they were caring for. Families who spoke with the inspectors said that staff

were kind and caring with their family member and that residents were safe and well looked after in the designated centre.

Records showed that where there were concerns raised the person in charge investigated the concern and took appropriate actions in line with the centre's policy and procedures.

There were clear policies and procedures in place in relation to the management of residents' finances. Where the centre was a pension agent for individual residents the processes that were in place were found to be in line with the Department of Pensions and Social Protection guidance.

There were clear policies and procedures in place for working with residents who may display 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 policies were informed by evidence based practice and national policy guidance.

Records showed that staff received training in the management of responsive behaviours as part of their dementia training. In addition the centre had a dementia champion on the nursing team who had attended further training in the care of residents with dementia and other cognitive impairments and whose role was to guide and improve staff performance in this area of care. As a result staff demonstrated knowledge and skills in this area and were observed using appropriate techniques to distract and support those residents who became agitated or who displayed responsive behaviours. Staff reacted positively whilst ensuring that the resident's dignity and rights were upheld.

Efforts were made to identify and alleviate the underlying causes of behavioural and psychological symptoms of dementia. Care plans in relation to responsive behaviours recorded possible triggers for the behaviours and detailed the interactions and techniques that would help to distract and reassure the resident at the time. There were clear arrangements in place to; record, investigate and learn from any serious incidents involving residents who displayed responsive behaviours. This included a review by the general practitioner (GP) and if required specialist mental health practitioners.

Records showed that the centre was working towards a restraint free environment. Nursing staff had successfully trialled a range of alternative equipment with residents and as a result the number of restraints; such as bed rails were extremely low. This had been a particularly successful improvement in the centre since the last inspection.

Judgment:
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:

Inspectors found that the policies, procedures and ethos of the designated centre upheld individual residents' rights, privacy and dignity. Some improvements were required to ensure that residents living with dementia were consulted with about how the centre was planned and run.

Resident meetings were held every two months and records showed that feedback from the residents was shared with staff from the relative departments such as activities or catering. However inspectors noted that there was no follow up information in relation to how these improvements had been brought about and what impact that had for the residents.

Residents had access to an independent advocate in the designated centre. Those residents who were living with dementia were supported to access the service when required.

Inspectors observed that routines and staff practices were managed in a way that encouraged residents to make choices in; how they spent their day, menu options and the activities they chose to participate in. Staff on duty knew the residents well and were familiar with their preferences for care and daily routines. Staff were observed to offer residents choices in a number of routines and activities and where a resident declined a care intervention or activity this was respected by the staff member.

Residents were supported to stay in touch with their families and friends and a number of visitors were visiting on the day of the inspection. Visitors said that they were made welcome by staff and that they could meet with the resident in private if they wished to do so. Some residents continued to attend the day centre which was based in the designated centre; and were able to maintain their social contacts and links with the local community. This was a particular strength of the centre.

Residents had access to regular prayer services and weekly mass was held in the centre. Residents who wished to participate in the upcoming elections were able to do so by pre-arranged voting to be held in the centre prior to polling day.

Television, radio and newspapers were available for residents. Staff were observed reading newspapers with the residents and discussing local and national news items. Those residents who wanted to contact family on the telephone were able to do so in private.

There were a range of activities and entertainments on offer for residents which included a number of specialist sessions for those residents with dementia or cognitive impairments. There were two activities coordinators who worked across seven days each week to organise and deliver the programme. One member of the activities team was on leave on the day of the inspection. The activities staff had completed specialist training in activities suitable for residents who were living with dementia. As a result residents with dementia had opportunities to take part in activities that were meaningful to them and suited their needs and capacity to participate.

Inspectors observed that staff were courteous to residents living with dementia and addressed them by their preferred name. Staff were observed to knock and wait for permission before entering the resident's bedroom and before commencing a care intervention. Where a resident declined an intervention this was respected by the member of staff.

Judgment:
Substantially 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 inspectors found that there was a comprehensive complaints procedure in place and that; when a resident or their family made a complaint, they were listened to and managers took appropriate actions to resolve the issues.

The designated centre used the Health Service Executive (HSE) complaints procedure. The complaints policy was up to date and provided clear instructions about; how to make a complaint, who to complain to and about the appeals process. The information was displayed on the visitor's notice board in the foyer but was easy to overlook and was not displayed in a prominent position throughout the centre. Families of residents living with dementia were made aware of the complaints procedure on admission however there was no dementia appropriate version available for the resident.

The complaints records showed that all complaints were recorded in line with the centre's policy and that complaints were investigated promptly by the person in charge and/or the senior management team. There was clear evidence of learning from complaints and improvements being implemented

Judgment: Compliant

Outcome 05: Suitable Staffing

Theme: Workforce

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

Findings:
There were appropriate numbers of staff with the right knowledge and skills to provide safe and effective care for the residents taking into account the size and layout of the designated centre. However some improvements were required in the maintenance of training records to ensure that all staff were up to date with their mandatory training.

Staff on duty matched the staff roster on the day of the inspection. All staff were up to date with their mandatory training needs. In addition most staff had attended further training in caring for residents who are living with dementia. As a result inspectors found that staff were competent to deliver care and support to residents living with dementia because their learning and development needs had been met. However staff training records were not accurately maintained and improvements were required to ensure that they were kept up to date and were used to identify when staff were due training updates.

Records showed that all staff and volunteers working in the designated centre underwent a rigorous selection and recruitment process which included Gardaí vetting and two written references from the most recent employer. This helped to ensure that suitable individuals were recruited to provide care and services for the residents.

There were at least two qualified nurses on duty at all times in the designated centre. Inspectors found that staff received appropriate supervision and support in their roles and were clear about what was expected of them in their work. Staff records showed that where an underperformance was identified that this was managed by senior staff and the employee was supported to improve in their role through on-going training and support.

Judgment: Substantially Compliant

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 designated centre were suitable for its stated purpose and met the needs of the residents in a comfortable and homely way. Overall inspectors found that the premises met the requirements of Schedule 6 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013; however some improvements were required in relation to the size and layout of the large lounge on Rush unit and the tidiness and accessibility of the outside spaces for resident use. In addition better use of colour and points of interest would have enhanced navigational aids for those residents who were able to mobilise around the centre independently.

The design and layout of the centre was in line with the Statement of Purpose. The premises met the residents' needs and promoted the dignity independence and wellbeing of residents with physical and cognitive impairments.

The designated centre is organised into two units; Rush and Lusk units each with 25 beds. Overall the units were homely with appropriate furnishings, fixtures and fittings to provide a safe and comfortable environment for the residents. Communal areas were well used by the residents on the day of the inspection and there was a real sense of community in the centre. Inspectors noted that one lounge on Lush unit was large and bright but the layout of one area was sparse and furnished with hospital type armchairs. This was not in keeping with the other lounges in the centre and did not provide a homely ambience for residents using this area.

The designated centre was nicely decorated with photographs and points of interest organised at intervals along the corridors to help guide the residents around the building. Inspectors noted that better use of colour and more points of interest would further support residents living with dementia to navigate the premises and orientate themselves to their living space.

The size and layout of the bedroom accommodation was suitable to meet the needs of the residents. Each room was of a good size and the residents were able to personalise their space with photographs and small items from their home. Each resident had enough storage space for their belongings and a lockable drawer if they wished to use it. Bedrooms were individually identified to assist residents living with dementia to recognise their room. Bedrooms were personalised and residents were able to recognise their room and their personal belongings around them. Shared rooms provided screening to ensure privacy for personal care.

There were sufficient bathrooms, showers and toilets for the number of residents.

Bathrooms and toilets were well equipped with hand rails and assistive equipment to support residents with their personal care and toileting needs. There was also a range of specialist equipment such as electric beds, hoists and specialist chairs to meet the needs of the residents. The equipment was fit for purpose and there was a clear process for ensuring that all items were properly installed, maintained and serviced.

Residents had access to a large central courtyard garden and two smaller garden areas; one on each unit. The gardens could be enjoyed from inside and outside and were accessible from several points around the building. Inspectors found that improvements were required in the courtyard garden and the small garden off Lusk unit to ensure that the areas were tidy and provided adequate seating and shade for the residents.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that the actions in relation to fire safety precautions had not been adequately addressed following the last inspection. Improvements were also required in infection control practices.

The fire escape route next to the laundry room was not kept clear. The route was hindered by a laundry basket and a bed side table which were stored along the corridor. In addition the outside escape route was partially blocked by gardening equipment and the path was slippery with moss. This was an outstanding action from the previous inspection.

Inspectors reviewed the documentation in relation to fire safety checks and the maintenance of fire safety equipment and found that improvements were also required in these records as a number of entries were not filled in and this had not been picked up by managers in the centre.

Inspectors found that infection control practices were good in a number of areas such as hand washing, management of outbreaks and food hygiene however some improvements were required in the following areas; washing of equipment and tea spoons after medication rounds and the safe disposal of refuse bags when these were

collected from the units. Inspectors observed a number of black bags being left on the corridor floor before being collected by cleaning staff who then dispensed them into a larger bag and dragged the bag along the floor to reach the outside receptacle.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lusk Community Unit
Centre ID:	OSV-0000505
Date of inspection:	10/05/2019
Date of response:	11/06/2019

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:

Some improvements were required to ensure that residents living with dementia were consulted with about how the centre was planned and run.

1. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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:

Minutes of the residents committee meeting will be emailed to all the relevant stakeholders and departments. Responsible person to action on same and respond back to ADONS. All the follow ups will be emailed back to the independent advocate through whom they can respond back to the residents and family.

Residents will continue to be engaged with by all departments in the unit when any changes are being introduced. The forum of the residents committee, independent advocate and quality of life surveys will be used to capture any concerns or requests. Residents and families can continue to avail of the "Happy or Not" push button feedback and senior management will continue to use these reports to identify trends.

Proposed Timescale: 10/06/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Staff training records were not accurately maintained and improvements were required to ensure that they were kept up to date and were used to identify when staff were due training updates.

2. 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:

An updated EXCEL training log has been put in place where staff training /requirements are accurately maintained. This will be maintained by the ADON's.

Proposed Timescale: 30/06/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The large lounge on Lusk unit was sparsely furnished with hospital type armchairs sited in front of the main window area This was not in keeping with the other lounges in the centre and did not provide a homely ambience for residents using this area.

3. 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:

The back sitting room lacks furnishing similar to the front sitting room as this room is used by the activity coordinators for those activities with a larger group of residents and there needs to be as much empty space as possible to accommodate the adapted chairs. However, the unit has noted the concerns regarding the sparse look of the room and will purchase furnishings to address this. A Couch, clock, pictures and plants will be purchased to make the lounge more homely. There remains a need to maintain the arm chairs as not all residents like to sit in the couches.

Proposed Timescale: 15/07/2019**Theme:**

Effective care and support

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

Improvements were required in the courtyard garden and the small garden off Lusk unit to ensure that the areas were tidy and provided adequate seating and shade for the residents.

4. 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:

Gardens have retractable awnings which are used when residents sit out to protect them from the sun. Areas have been tidied up and will continue to do so. Biodiversity projects have been in place for many years and continue to expand naturally. There are plans to change one side of the courtyard into an old school theme, which has commenced.

Please note, the unit is dependent upon volunteers and gardener hours supported by fund raising to maintain the large garden areas. The HSE is only responsible for the grass cutting 4 weekly during the summer months.

Proposed Timescale: 30/07/2019**Theme:**

Effective care and support

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

Better use of colour and more points of interest would further support residents living with dementia to navigate the premises and orientate themselves to their living space.

5. 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:

The unit will source more local scenes and signage to support the residents with dementia. The unit has been recently painted and all residents and family members were involved in choosing the colour theme, both in the communal areas and in their own bedroom.

Proposed Timescale: 30/06/2019

Theme:

Effective care and support

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

Inspectors noted that the dining room was very busy when all the residents were sat at the tables and noise levels were high. In addition it was sometimes difficult for staff to mobilise between the tables without bumping into residents and each other.

6. 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:

New dining room system in place where one catering staff/one HCA approaches the chef and serves the tables. Along with this each member of staff supervising the resident on their allocated table ensures resident receive the correct meal. This system has been introduced since the inspection and it has been noted that the noise levels have reduced. There continues to be the option of receiving meals in the smaller communal rooms, supported by staff if requested.

Proposed Timescale: 06/06/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Improvements were required in the following areas; washing of equipment and tea spoons after medication rounds and the safe disposal of refuse bags when these were collected from the units. Inspectors observed a number of black bags being left on the corridor floor before being collected by cleaning staff who then dispensed them into a larger bag and dragged the bag along the floor to reach the outside receptacle.

7. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

All nurses have been reminded that the cleaning of equipment after medication rounds is part of the procedure and in line with best practise. More tea spoons have been purchased which are dishwasher safe and managed by nursing staff. The incident noted by the inspectors was investigated by management and was found to be the practice of one contracted cleaning staff. This member of staff has been engaged with by both her line manager (Derrycourt) and the unit and has receiving further training and direction with regards to safe practises and expected standards.

Proposed Timescale: 06/06/2019

Theme:

Safe care and support

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

The documentation in relation to fire safety checks and the maintenance of fire safety equipment required improvements as a number of entries were not filled in and these omissions had not been picked up by managers in the centre.

8. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

It has been reinforced to the porters of the importance of daily/weekly/monthly Fire checks and the recording of same. Master fire carry out the quarterly checks and records same in the fire register. Managers will check the fire books Monthly to ensure compliance.

Proposed Timescale: 06/06/2019

Theme:

Safe care and support

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

The fire escape route past the laundry room was hindered by a laundry basket and a bed side table which were stored along the corridor. In addition the outside escape route was partially blocked by gardening equipment and the path was slippery with moss. This was an outstanding action from the previous inspection.

9. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Fire escape route is to be kept clear all the times and the portering staff has been advised to do a visual inspection and remedial action if required daily. There is an area designated for equipment not in use which can be used.

The volunteer gardener has also been advised that the storage of equipment in this area is not appropriate and an alternative storage space has been found. The moss has been cleaned from the path and will continue to be done on an on-going basis.

Proposed Timescale: 06/06/2019