

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Raheen Community Hospital
Centre ID:	OSV-0000611
Centre address:	Tuamgraney, Scariff, Clare.
Telephone number:	061 923 007
Email address:	catherine.lillis@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	1

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:
02 July 2019 09:30	02 July 2019 17:00
03 July 2019 09:30	03 July 2019 15:00

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		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

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.

While this centre does not have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Nine residents were either formally diagnosed or had suspected Alzheimer's disease or 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 using a validated observation tool (called Quiz). The inspector also

reviewed documentation such as care plans, medical records, staff files and relevant policies.

The inspector also followed up on issues identified during the last inspection which were found to have been addressed.

Overall, the inspector found that the management team and staff were committed to providing a quality service for residents including residents with dementia.

The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. Improvements continued to be made to the premises, multi-occupancy bedrooms had been reduced in size, additional en suite shower facilities and storage space for personal items had been provided. Improvements were also completed externally, tarmac had been provided to the car parking and external grounds. Planning permission had been granted for phase two extension to include an additional three single and two twin bedrooms, works were scheduled to be completed by September 2020 in order to comply with condition 8 of the registration.

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.

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 and relatives was one of high 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 nursing and care planning documentation. These improvements are 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 and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, improvements were required to ensuring consistency in the nursing and care planning documentation.

There were 24 residents accommodated on the days of the inspection. Ten residents were assessed as having maximum dependency needs; four had high dependency needs, seven had medium dependency needs and three had low dependency needs.

A local General Practitioner (GP) was appointed to the service as Medical Officer and medical review was available to each resident on admission and as required on a daily basis if necessary. Residents admitted for shorter periods of time were also medically reviewed on admission. Records seen by the inspector confirmed regular and timely medical review in line with the residents changing needs. There was an out-of-hours GP service available.

There was a range of other services available including speech and language therapy (SALT), occupational therapy (OT), dietetic services, tissue viability, physiotherapy and psychiatry of later life. Chiropody, optical and audiology services were also provided. The inspector reviewed residents' records and found that many residents had been referred to these services and results of appointments were written up in the residents' notes. The person in charge had arranged access to some private services where it was difficult to access the service through the HSE.

There was a policy 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 reviewed at regular intervals.

The assessment process involved the use of validated tools to assess each resident's risk

of falls, malnutrition, manual handling requirements and skin integrity. The inspector noted that a range of risk assessments were completed, regularly reviewed and updated.

Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always reflected in the nursing documentation. While care plans in place were found to be individualised and person centered, inconsistencies were noted in the care planning and nursing documentation. For example:

- Some care plans had not been updated to reflect the changing needs of residents, for example, post falls, changes to nutritional and sleeping needs.
- Some care plans had not been updated to reflect the professional advice of allied health service professionals such as the dietitian and SALT.
- Some care plans were not signed or dated.
- Some care plans were unclear as they had been updated with illegible hand written notes.
- Some care plans lacked guidance for staff on the specific care needs for some residents , for example, there was no guidance on the type and settings required for pressure relieving mattresses.
- Care plans were not always in place for all of residents identified needs such as those presenting with psychological symptoms of dementia.
- Resident and relatives involvement in the development and review of care plans was not consistently recorded.
- Neurological observations were not consistently recorded following unwitnessed falls.

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. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Meals were served to residents in a large bright and comfortable dining room. Residents could also have their meals in other communal day areas or in their bedrooms if they wished. The menus clearly displayed what food choices and dishes were available for each meal. Mealtimes in the dining room were unhurried, social occasions in domestic style settings. Meals appeared to be wholesome and nutritious and served in an appetising manner. 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. The inspector noted that staff assisting residents with advanced dementia were caring and sensitive. Nursing staff supervised the mealtimes. Most staff had recently completed training on dysphasia and nutritional screening.

A variety of hot and cold drinks, as well as snacks and fruit were offered and encouraged throughout the day. A variety of home made breads and scones were available daily. Residents told the inspector that they could have something to eat or

drink at any time including night time. Residents spoken with were complimentary regarding the quality and choice of food offered.

There was a reported low incidence of wound development in the centre. The inspector noted that the risk of developing wounds was assessed and reviewed on each admission. The inspector reviewed the file of a resident with a wound and noted assessments and care plan in place. Photographs and wound assessments reviewed indicated that the wound was progressing well. Appropriate preventative interventions including pressure relieving equipment was in use. Staff had access to support from the tissue viability nurse as required. Some staff had recently completed training in nutrition and wound management training was scheduled.

The inspector reviewed the files of residents who had recently fallen and as previously discussed falls risk assessments and mobility and safe environment care plans had not been updated consistently to reflect the changing needs of the residents. The person in charge reviewed falls on a regular basis and completed a falls analysis to ensure learning and improvement to practice. Low-low beds and crash mats were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times.

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. There were two dedicated palliative care suites provided. 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. Religious sacraments were available to all residents as desired. Facilities were available for relatives who wished to stay overnight.

The activities coordinator, staff and volunteers continued to provide a range of meaningful and interesting activities for residents. A meaningful activities assessment had been completed for all residents. There was evidence of ongoing consultation with residents as regards their preferred interests along with suggestions for new ideas. Residents were free to join in an activity or spend time in their rooms or other communal areas in the centre. Residents could also attend a variety of activities in the adjoining day care centre. Residents spoken with stated that they enjoyed the variety of activities taking place, some stating that there was always something going on. The inspector observed that all residents including those with dementia were encouraged and supported appropriately to partake in all activities. Some residents mentioned that they particularly enjoyed the music sessions, art and crafts, baking, flower arranging and attending mass which was celebrated in the church twice weekly. The activities coordinator had completed training in Sonas (therapeutic programme specifically for residents with Alzheimer's disease) and carried out 1:1 sessions with residents a number of times each week.

The programme of activities supported residents in developing and maintaining links with the community. There were regular visits from local musicians, school students, dog therapist and volunteers. Residents were supported to go on regular day trips to places of local interest. Residents had recently visited the local garden centre and had

been involved in the choosing and selecting new garden furniture. Other residents had recently gone on an outing to a local bar and restaurant and some had attended a local fund raising music event. Residents had recently won a number of prizes for their brown bread and crafts at the local agricultural show and prizes were proudly displayed.

The inspector noted that staff interaction with residents was person-centred and respectful. Verbal consent was observed to be sought from residents prior to all care interventions.

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 was satisfied that appropriate measures were in place to safeguard residents in the centre. There was a policy and procedures in place in relation to safeguarding vulnerable adults. All staff had received training in relation to safeguarding and demonstrated awareness and understanding in relation to identifying and responding to safeguarding issues. Residents reported that they felt safe within the centre.

The person in charge confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services in the centre. Garda vetting was available in the sample of staff and volunteer files reviewed by the inspector.

The inspector was satisfied that robust systems were in place for the management of residents finances. The provider acted as pension agent for a small number of residents and all money was paid into an interest bearing resident account. Residents were invoiced and charges were clearly set out on a monthly basis. Bank balancing statements were available. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector was satisfied they were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two signatories. There were regular reviews of accounts carried out by both internal and external auditors. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

Residents with dementia were provided with person-centred support that promoted a positive approach to the behavioural and psychological symptoms of their dementia.

Staff spoken with demonstrated an awareness of recognizing the underlying causes of these symptoms. Care staff knew the residents well and were observed to use life history and family information when conversing with residents. Staff were knowledgeable about and could outline person-centred strategies for dealing with individual residents' responsive behaviour, however, as discussed under Outcome 1, these strategies were not always set out in a care plan.

A restraint-free environment was promoted within the centre, there were no bedrails in use at the time of inspection. Interventions such as beds that could be lowered to a low level and crash mats were among the alternatives used to reduce the risk.

A number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. However, records 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 were not consistently recorded.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care and the management of responsive behaviour.

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.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted in the organisation of the centre and staff were sensitive to residents' right for privacy and dignity. However, the physical environment in parts of the older building still posed challenges when delivering personal care and attending to residents needs. This is discussed further under Outcome 6: Safe and suitable premises.

Residents' committee meetings continued to be held on a regular monthly basis and were facilitated by an independent advocate. Minutes of meetings were recorded and

circulated in large font which was easy to read. Issues discussed at the most recent meeting included activities and upcoming events, meals, laundry and advocacy. There was evidence that issues raised by residents at previous meetings had been acted upon. Family forum meetings were also held regularly to ensure that the views of residents with dementia were captured. Regular resident satisfaction surveys were completed in regard to the care and service provided as well as meals and mealtime surveys. The results of surveys indicated positive feedback. The inspector observed that the management team and staff consulted with residents including residents with dementia throughout the days of inspection.

Residents had access to advocacy services and the contact details for the local SAGE (support and advocacy service for older people) advocate were displayed. Arrangements had been made for the national confidential recipient to attend and speak with residents.

The inspector noted that staff were sensitive to residents' right for privacy and dignity. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Screening curtains were provided in shared bedrooms. The management team had since the last inspection reconfigured and redesigned the layout of a six bed multi-occupancy bedroom into two three bedded rooms and had provided en suite shower facilities to the three bedded room which had led to improvements to the privacy and dignity of residents in those rooms.

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. Residents and relatives spoken with spoke highly of all staff.

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, to spend quiet time in another of the communal day areas, walk about independently or spend time outside in the garden. The centre had its own mobile shop. Residents could choose and buy items such as toiletries, drinks, snacks and sweets from the shop.

Residents' religious rights were facilitated. The local priest visited and mass was celebrated in the centres church twice weekly. The person in charge advised that residents of varying religious beliefs were facilitated as required.

Residents were facilitated to vote, staff explained that residents had been facilitated to vote in-house during the recent elections and some residents had been supported to vote in their home constituency.

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 centre.

Residents had access to information and news, daily and weekly local newspapers,

notice boards, radio, television and Wi-Fi were available. A selection of newspapers was available and some residents were observed to enjoy reading them. A volunteer visited weekly and read the local weekly newspaper to some residents who were unable to read.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). An overview of the observations is provided below:

The inspector found that for 100% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well and they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and food and choice of preferred place to sit. Residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

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.

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 information for the Office of the Ombudsman. There was a comment box also available.

There was a complaints log book available to record complaints, the person in charge advised that no complaints had been received during 2019.

The person in charge had carried out a number of audits on residents awareness of the complaints process, the results indicated a satisfactory knowledge.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of 24 residents. Staff delivered care in a respectful, timely and safe manner. There were three nurses, the clinical nurse manager 1 and three care staff on duty in the morning and afternoon, two nurses and two care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge was normally on duty during the day time Monday to Friday. The CNM1 also supervised the delivery of care including night time and at weekends. The person in charge advised that they were currently recruiting for the post of CNM2 to provide additional supports to the person in charge including improved oversight and review of nursing documentation. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and maintenance staff. There was an on call system in place for out of hours and at weekends. Residents and staff spoken with were satisfied the staffing levels on duty.

The inspector was satisfied that safe recruitment processes were in place. The inspector reviewed a sample of staff files including recently recruited staff 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 staff nurses. 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, manual handling and infection control. There was a training plan in place for 2019. Recent training included dementia care, dysphasia, infection control, nutrition and hydration. Two staff had recently completed training as hand hygiene auditors. Training was scheduled on use of syringe drivers and wound management.

Judgment:

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The inspector noted that improvements continued to be made to the premises. Since the last inspection, condition 9 of the registration had been complied with, an assisted shower en suite was provided to the three bedded room and additional storage for personal belongings was provided to the multi-occupancy bedrooms. In addition, the six bedded room was configured into two three bedded rooms. Improvements were also completed externally, tarmac had been provided to the car parking and external grounds. The management team advised that planning permission had been recently granted in June 2019 for phase two of the building works to include an additional three single and two twin bedrooms. A building contractor had been appointed and works were scheduled to be completed by September 2020 in order to comply with condition 8 of the registration. There were plans in place to upgrade and redesign the kitchen facilities and plans to develop an intergenerational garden with the adjoining Montessori school.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day rooms, conservatory, church and visitor's room. Residents could also avail of additional communal space in the adjoining day centre. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in alcoves and hallways. Residents had access to a number of enclosed secure garden areas.

Resident private accommodation in the older section of the building was provided in four single bedrooms with shower en-suite facilities. The remaining residents were accommodated in three triple occupancy and one four bedded room which had en suite toilet and shower facilities. There were ceiling hoists provided to the multi-occupancy bedrooms and en suites. The management team outlined that once the planned extension(phase two) was complete that the occupancy of these bedrooms would be reduced further in order to improve privacy and dignity for all residents and comply with the condition of registration. The remaining residents were accommodated in six single bedrooms and two twin bedroom with assisted shower en suites in phase one extension.

Each bedroom had sufficient storage space for residents personal belongings including a secure lockable storage unit. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located near the day rooms. There was a nurse call-

bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents spoken with told the inspector that they were comfortable and liked their bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

All areas were bright and well lit. Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia. There were pictures and residents artwork positioned on the corridors at eye level for residents to engage with. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre.

Signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms and toilets. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

The garden areas were easily accessible from the day areas and directly accessible from some bedrooms.

Residents had access to two enclosed paved and landscaped garden area. Suitable garden furniture, parasols and colourful raised flower beds were provided.

Judgment:

Non Compliant - Moderate

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:	Raheen Community Hospital
Centre ID:	OSV-0000611
Date of inspection:	02/07/2019
Date of response:	12/07/2019

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 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:

Inconsistencies were noted in the care planning and nursing documentation.

- Some care plans had not been updated to reflect the changing needs of residents, for example, post falls, changes to nutritional and sleeping needs.
- Some care plans had not been updated to reflect the professional advice of allied health service professionals such as the dietitian and SALT.
- Some care plans were not signed or dated.

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

-Some care plans were unclear as they had been updated with illegible hand written notes.

-Some care plans lacked guidance for staff on the specific care needs for some residents, for example, there was no guidance on the type and settings required for pressure relieving mattresses.

1. Action Required:

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

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

- Care plans to be audited on a monthly basis.
- Care plans will be updated on a daily basis to reflect the changing needs of residents.
- Care plans will be updated to reflect the professional advice of allied health service professionals on the date of any changes from the dietician or SALT.
- Care plans will be signed or dated on a four monthly basis following review by staff and resident concerned and where appropriate resident's family.
- Care plans are reviewed and updated on the desktop and printed as required.
- Mattress Guidance Care plans for staff on the type and settings required for pressure relieving mattresses in place.

Proposed Timescale: 31/07/2019

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans were not always in place for all of residents identified needs such as those presenting with psychological symptoms of dementia.

2. 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.

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

- Care plans in place for all of residents with identified needs such as those presenting with psychological symptoms of dementia within 48hrs after the residents admission.

Proposed Timescale: 12/07/2019

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Resident and relatives involvement in the development and review of care plans was not consistently recorded.

3. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

- Care plans audited on a monthly basis.
- Revise the signed Care plans compiled in consultation with the resident or relative when required.

Proposed Timescale: 12/07/2019

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:

Records to indicate the rationale for administration of prescribed psychotropic medicines on a 'PRN' as required basis, the interventions that had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine were not consistently recorded in line with national policy.

4. 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:

A redesign of the ABC Chart, now in place in all medical drug charts in the PRN section for residents scripted for PRN Psychotic drugs.

In addition to indicating the rationale for administration of prescribed psychotropic medicines, this template now incorporates the interventions that have been tried to manage the behaviour and the effect and outcome for the resident.

Proposed Timescale: 12/07/2019

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:

As identified on all previous inspections elements of the design and layout of the older building were not suitable for its stated purpose and function, did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

The multi occupancy rooms in use presented challenges to the provision of adequate space, privacy and dignity for each resident. The physical environment posed significant challenges when delivering personal care; attending to residents' care needs, infection control and communicating in privacy.

5. 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:

- Stage 2 plans in place for the construction of a single storey extension to provide Accommodation for five bedrooms with en-suite facilities, new sitting area and associated site works.

Proposed Timescale: 31/10/2020