

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bramleigh Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000204
<b>Centre address:</b>	Cashel Road, Cahir, Tipperary.
<b>Telephone number:</b>	052 744 2129
<b>Email address:</b>	selma.kelly@sacrecoeur.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Bramleigh Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Selma Kelly
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	0

## 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.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

### The inspection took place over the following dates and times

From:	To:
26 April 2016 10:30	26 April 2016 18:00
27 April 2016 09:30	27 April 2016 16:00

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

Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
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### **Summary of findings from this inspection**

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

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

Bramleigh Lodge provides residential care for 26 people. Approximately 54% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

The inspector met with residents and staff members during the inspection. She tracked the journey of a number of residents with dementia within the service. She observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed. The inspector reviewed the self assessment questionnaire and documentation which were submitted by the provider prior to inspection.

The person in charge was on annual leave at the time of inspection. The staff nurse deputising in her place was on duty as were the provider nominee and the operations manager.

Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. However some gaps were noted in this documentation.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations but some improvement was required to ensure staff files met the requirements of the Regulations.

The dining experience was pleasant and there was a range of interesting things for residents to do. The provider discussed plans already afoot to further improve the

quality of life for residents with dementia, including additional changes to the premises and a full review of the service provided including the timing of breakfasts and medication rounds.

Other improvements required related to the complaints procedure and ensuring that linen and screening were suitably laundered. While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

These are discussed further in the report and included in the Action Plan at the end of this 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 Quality 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 was satisfied that each resident’s wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However the arrangements to meet each resident’s assessed needs were not consistently set out in an individual care plan.

Samples of clinical documentation including nursing and medical records were reviewed and noted that a care plan was developed within 48 hours of admission. However the inspector noted that in some cases the care plans had not been updated to reflect the recommendations of various members of the multidisciplinary team or the residents changing needs. For example the inspector saw that a resident had been referred to a dietician and specific recommendations were made regarding the type of diet to be provided. The care plan had not been updated to reflect these recommendations.

In addition the inspector noted that the care plans were not consistently updated to reflect changes in the resident's condition. For example there was a care plan in place for a resident who at that time required a specific nutritional care plan. Although his weight records indicated that the care needs had changed, the care plan had not been updated.

Otherwise the inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The staff spoken with

outlined ongoing work to ensure the common summary assessment (CSARs) which was developed in the community prior to admission was available in the centre.

Comprehensive assessments were carried out and this involved the use of validated tools to assess each resident for risk of malnutrition, falls, their level of cognitive impairment and their skin integrity. There was also an appropriate pain assessment tool.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. This included constant monitoring of residents' fluid intake. The inspector saw that fluids were regularly offered to residents during the day. In addition the inspector saw that for residents most at risk of urinary tract infections, specific prophylactic non-pharmaceutical measures were in place with very positive results.

Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, falls risk, communication needs, nutritional requirements and medications.

Residents were supported to enjoy the social aspects of dining. The inspector noted that all tables were nicely laid and each had a pretty bud vase with flowers. All condiments were available. The main dining room looked very welcoming. The menu provided a varied choose of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw that residents' likes, dislikes and special diets were all recorded. These were known by both care and catering staff. The inspector saw that catering staff spoke with residents during the meals asking if everything was alright. The inspector heard residents telling the chef how much they had enjoyed the dinner.

The inspector read a sample of completed prescription and administration records for residents with dementia and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Previous initiatives relating to end of life care continued. The staff spoken with stated that the centre received support and advice from the local palliative care team.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings. An annual remembrance mass was held each November and bereaved relatives were invited to attend.

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

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or abused. Some improvement was required to the documentation relating to the management of behavioural and psychological signs of dementia (BPSD).

Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector noted however that specific assessments to include details of possible triggers and interventions were not consistently undertaken for residents who showed behavioural and psychological signs of dementia which could impact on the provision of care. The inspector did note that staff spoken with were familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. At the time of inspection, this was being

updated to reflect the national policy. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Improvements were noted around the use of restraint such as bedrails and lap belts although usage still remained high. Risk assessments had been undertaken and safety checks were completed when in use. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Regular checks were completed when bedrails were in use.

The operations manager managed some residents' monies. Balances checked on inspection were correct.

**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 residents' privacy was respected and that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. Some improvement was required as regards the care of some bed linen and screens in use to ensure that residents' dignity was maintained.

The inspector noted that the duvet covers and screens in some of the bedrooms were very creased and looked as if they had not been ironed. The inspector was concerned that inadequate attention was paid to this aspect of care which belied the ethos of the centre.

Residents' religious and civil rights were supported. Mass was held on a monthly basis with communion service each Sunday. Some residents chose to go out to local services. Staff confirmed that ministers from other religions visited when required. Each resident had a section in their care plan that set out their religious or spiritual preferences. Staff said and residents confirmed they had been offered the opportunity to vote at the recent elections.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the activity room, the sitting room and the dining room. Observations of the quality of interactions

between residents and staff for selected periods of time indicated that 20% of interactions demonstrated positive connective care, 42% reflected task orientated care while 38% indicated neutral care. These results were discussed with the staff who attended the feedback meeting and the areas for improvement were discussed.

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

There was a residents' committee and meetings were held on regular basis. The inspector read the minutes of some of these meetings and saw that suggestions made by the residents had been taken on board. For example, some residents had requested that more fish was included on the menu and this was now in place.

The person in charge outlined details of independent advocacy services that were available to the residents. In addition the activities coordinator and person in charge had recently undertaken additional training on undertaking the role of an advocate for residents with dementia.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told the inspector they were free to plan their own day, to join in an activity or to spend quiet time in their room. The provider and senior staff discussed plans to review the current system regarding breakfast and medication times to ensure that the needs and preferences of all residents were met.

Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup. One resident told the inspector how she liked having her hair done while others liked the nail care sessions and hand massages. Newspapers and magazines were available and the inspector saw some staff reading to residents. Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

There was a planned activity programme during the afternoon and the inspector saw that staff also undertook various activities with residents during other times of the day. The activity coordinator told the inspector she met with the residents each Monday to plan the events for the coming week although this often changed on any particular day depending on residents' wishes. The activities co-ordinator told the inspector that one to one time or small group sessions were scheduled for residents with more severe dementia or cognitive impairment who could not participate in the larger group activities. Other dementia relevant activities were included in the programme such as a sing along and imagination gym.

The activities co-ordinator showed the inspector new assessments being introduced which had been completed for some residents with the intentions of using the information to plan the activity programme. She also told the inspector that there are plans afoot to work with residents and their families on developing life stories.

Skype facilities had recently been introduced and the inspector saw posters on display



reminding residents and relatives about the service.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the complaints of each resident including those with dementia, his or her family, advocate or representative and visitors were listened to and acted upon and there was an effective appeals procedure. Improvement was required to ensure that the procedures met the requirements of the Regulations.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. There was an appeals process if needed. The number of complaints received was minimal. However the level of satisfaction of the complainant with the outcome was not recorded.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, including residents with dementia. Residents and staff spoken with felt there was adequate levels of staff on duty. Some improvement was required to ensure that staff files met the requirements of the Regulations.

The inspector examined a sample of staff files and found that two of four did not contain a satisfactory history of gaps in employment. Otherwise the staff files examined were complete. The inspector found that suitable and sufficient staffing and skill mix were in place to deliver a good standard of care to the current residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. There was a policy on staff recruitment and selection. Up to date registration numbers were in place for nursing staff.

The inspector saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on maintaining privacy and mandatory training. Specific one to one training was also completed on areas such as preparing modified consistency drinks and cleaning of equipment. This was signed off once completed. A new staff member spoken with confirmed that she had undertaken the induction programme. Appraisals also took place on a yearly basis.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia care, end of life care and nutritional care. The inspector saw that a training plan was in place for the coming year and included topics such as urinary and bowel care, infection control, dementia care and falls prevention. Records read confirmed all staff had completed mandatory training in areas such as fire safety and moving and handling.

**Judgment:**

Non Compliant - Moderate

***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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Once the planned renovations are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

As described at previous inspections, this is single-storey building which can accommodate 26 residents.

The main entrance leads to a lobby that contains the nurse's office, administration office

and a communal room for residents. A visitors' room, accessed through this communal room has been provided since the registration inspection. A second spacious conservatory type communal room and a separate dining area are also provided for residents. Resident accommodation is provided in seven single and six twin-bedded rooms all of which are without en suite, and a further seven single bedrooms each of which are en suite with assisted shower, toilet and wash-hand basin.

There are a further three assisted bathrooms with shower or bath, wash-hand basin and toilet and an additional single toilet provided for residents' use.

The premises also has catering and laundry facilities, separate staff facilities for catering and clinical staff, designated storage and a sluice room.

The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. Each room was appropriately decorated and contained personal items such as family photographs, posters and pictures. The inspector saw that some rooms had clocks and calendars to better orientate residents. The provider discussed plans to continue with these improvements.

Dementia friendly signage was evident and staff spoken with confirmed that additional signage was being sourced. The provider discussed plans afoot to further enhance the environment. This included making the doors to toilets a similar colour throughout the centre and providing contrasting colours in the toilets and bathrooms to enhance orientation. The provider and operations manager also discussed plans to provide additional orientation aids outside of residents' bedrooms such as putting up memory boxes or, with residents' permission, photographs and names outside of the bedroom doors.

The maintenance log showed regular maintenance conducted and suitable repairs recorded. The inspector reviewed up-to-date service records for all equipment including hoists, wheelchairs and mattresses.

There is a safe internal courtyard with appropriate furnishings. There is small car park to the front of the building.

**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:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Bramleigh Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000204
<b>Date of inspection:</b>	26/04/2016
<b>Date of response:</b>	17/05/2016

### 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:**

The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

#### **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

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

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:**

The particular care plan referred to in the inspection report has been updated to reflect the recommendations of the multi-disciplinary team and to take into account the resident's changing needs and will be kept under regular review as required going forward.

In addition, the Person in Charge is conducting a review of all care plans to ensure that a consistent approach is taken to the updating of same going forward. The Person in Charge has also undertaken education with staff nurses in relation to the matter.

Proposed Timescale:

Updating of individual care plan referred to in inspection report – Completed

Education to staff nurses – Completed 11/05/16

Overall care plan review – To be completed by 30/05/16

**Proposed Timescale:** 30/05/2016

## **Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Specific assessments to include details of possible triggers and interventions were not consistently undertaken for residents who showed behavioural and psychological signs of dementia (BPSD).

**2. Action Required:**

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

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

The particular assessment referred to in the inspection report has been completed. The Person in Charge will conduct a review of all other assessments for residents who show behavioural and psychological signs of dementia which could impact on care to ensure consistency going forward. The Person in Charge has also undertaken education with staff nurses in relation to the matter.

Proposed Timescale:

Assessment to be updated – completed

Education to staff nurses – 11/05/16

Review of all other assessments – to be completed by 30/05/16

**Proposed Timescale:** 30/05/2016

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

**Theme:**

Person-centred care and support

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

Continue to complete assessments which outline residents' preferences and life stories.

**3. Action Required:**

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

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

The Person in Charge will ensure that the assessments regarding resident's preferences and life stories will be completed and that the results of same will be used to inform the activities schedule going forward.

**Proposed Timescale:** 30/05/2016

**Theme:**

Person-centred care and support

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

Duvet covers and screens in some of the bedrooms were very creased and looked as if they had not been ironed.

**4. Action Required:**

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

The Registered Provider has revised the current laundering arrangements to ensure that a quality standard of ironing is consistently achieved for all linens and clothing going forward.

**Proposed Timescale:** 17/05/2016

### **Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

The level of satisfaction of the complainant with the outcome was not recorded.

**5. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The format of the complaints form has been amended to specifically record the level of satisfaction of the complainant with the outcome.

**Proposed Timescale:** 17/05/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Some staff files did not contain a satisfactory history of gaps in employment.

**6. Action Required:**

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

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

The two staff files in question have been updated to show a full employment history.

**Proposed Timescale:** 17/05/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

**7. 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:**

Plans to enhance the environment will be completed to include the provision of



additional dementia friendly signage, painting of bathroom doors in contrasting colours, the provision of contrasting toilet seats and the provision of additional memory aids on resident's doors.

**Proposed Timescale:** 30/06/2016