

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Kilcara House Nursing Home
<b>Centre ID:</b>	OSV-0000241
<b>Centre address:</b>	Kilcara, Duagh, Listowel, Kerry.
<b>Telephone number:</b>	068 45 377
<b>Email address:</b>	Kilcarahouse@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mertonfield Limited
<b>Provider Nominee:</b>	Noel Kneafsey
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Mairead Harrington
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	30
<b>Number of vacancies on the date of inspection:</b>	5

## **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:
08 June 2016 09:00	08 June 2016 18:15
09 June 2016 09:30	09 June 2016 14:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate

**Summary of findings from this inspection**

This was the seventh inspection of Kilcara Nursing Home by the Health Information and Quality Authority's (HIQA) Regulation Directorate. This inspection was unannounced and was undertaken as part of HIQA's themed inspections on dementia care in designated centres. Inspectors followed the experience of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. As part of the thematic inspection preparation, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to the Authority prior to the inspection. On the day of inspection there were five vacancies in the centre and one resident was in hospital.

During the inspection, inspectors met with residents, the provider, the person in charge, the nurse manager, staff nurses, care staff, household staff, and visitors. Inspectors reviewed documentation such as care plans, training records, the complaints log as well as relevant policies.

Most of the actions required from the previous inspection had been attended to. Inspectors viewed a number of improvements particularly in care planning for residents with dementia. In addition, the premises, fittings and equipment were generally of a good standard. The external area was nicely painted and there were flowering plants and shrubs on display in the well maintained gardens and at the entrance to the designated centre.

Residents who spoke with inspectors stated that they were happy. They informed inspectors that staff were kind and that they enjoyed the food. One resident stated that the centre was "home from home". There was evidence of individual resident's needs being assessed and staff were seen to support residents with their meals and care needs, where necessary. Staff informed inspectors that community and family involvement were encouraged in the centre. There was a varied activities programme seen on the notice board.

According to the roster seen by inspectors the person in charge worked as a member of staff on three mornings a week. She stated to inspectors that she was available in the centre daily attending to administrative and supervisory duties. A number of staff files were checked against the requirements of Regulations. Some actions were required in the centre to comply 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. These actions involved premises issues, training including fire training and privacy and dignity of residents.

**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):**

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

**Findings:**

Each resident was assessed by the person in charge or the nurse manager prior to admission, to ensure the service was suitable to their needs. However, in the sample of residents' files checked documentary evidence had not been maintained of these assessments. In addition, residents who had been diagnosed with dementia had insufficient documentation on file concerning their pre admission diagnosis such as, a consultant's letter. A number of these letters were acquired from the relevant general practitioner (GP) during the inspection. The person in charge stated that she previously carried out assessments informally. She informed inspectors that she had improved practice for recent admissions by developing a pre admission assessment form. This was viewed by inspectors. Inspectors reviewed a number of care plans of residents who had been diagnosed with dementia and observed that residents had a comprehensive assessment and care plan in place to meet their assessed needs. Care plans included a detailed profile of each resident. Residents and relatives, where appropriate, were involved in developing and reviewing the care plans. Life story information was compiled and the activity coordinator explained that this was used to inform the activity programme as well as guiding conversation topics for staff and resident interaction.

Residents had access to medical and allied health care professionals and inspectors noted that these were accessed on a regular basis. For example, inspectors noted that the speech and language therapist and the palliative services were accessed for residents where necessary. However, the person in charge explained that as there was a long waiting list for some services such as occupational therapy, which had to be accessed privately for residents. In addition, one resident who was identified as being at risk of malnutrition had not been seen by a dietician since October 2015. However, inspectors saw documentation which indicated that they had been examined by a medical consultant in relation to their nutritional condition in April 2016. Nutritional needs of residents were met by the provision of a varied diet and nutritional supplements where required. Each resident with dementia was provided with food and drink at times and in quantities adequate for his/her needs. Inspectors heard residents being offered choice at mealtimes and this was confirmed by documentation seen and by residents and relatives.

Residents were reviewed regularly by the GP. The care delivered encouraged the prevention and early detection of ill health. For example, antibiotics had been prescribed for one resident and psychotropic medication had been reduced for a second resident. Oral care assessments were carried out and dental referrals had been made for a number of residents. Eye care consultations and chiropody treatment were documented in the sample of care plans seen. Medication management practices were reviewed and monitored by regular audit. Pharmacists were facilitated to meet their obligations to residents and there was a choice of pharmacist available where possible. End of life care plans were in place for residents and a number of these were seen to be signed by residents. In addition, residents' wishes were clearly documented including where a resident had requested to be taken home at the end of life.

The environment was stimulating, with plenty of objects to engage and interest residents. There were opportunities for reminiscence provided by a well stocked reminiscence corner and in the provision of appropriate activities. There were opportunities for residents to avail of one of three sitting areas according to their needs and preference. However, on the first day of inspection there were no activities available to residents, as the activity personnel were not available. This was addressed under Outcome 3: Residents' rights, dignity and consultation.

Staff were offered a range of training opportunities, including dementia care courses, which included effective communication strategies. Arrangements were in place to support the civil, religious and political rights of residents with dementia where this was possible.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Safe care and support

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

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

**Findings:**

There were procedures in place in the centre for the prevention, detection and response to abuse. Staff were trained in the procedures to be followed in response to abuse. There were measures in place to safeguard residents with dementia and care plans reviewed enhanced carers' understanding of the behaviour and psychological symptoms (BPSD) of dementia. Staff spoken with by inspectors were knowledgeable of the types of abuse and what to do if they witnessed or suspected abuse. The person in charge and the nurse manager monitored the systems in place to protect residents by discussions at staff meetings and handover reports. Minutes of staff meetings were reviewed by

inspectors. Relatives spoken with by inspectors said that they felt that their relatives were safe in the centre and that they experienced good communication with staff and management. There were systems in place to safeguard residents' money. A sample of records checked were found to be correct.

There was a policy on, and procedures in place, for working with residents who had behaviour issues associated with their dementia. Efforts were made to identify and alleviate the underlying causes of BPSD. Appropriate training had been provided and staff were aware of the relevant care plans for residents. A restraint-free environment was promoted and an up to date policy was seen to be in place. Where bedrails were required, consent had been obtained and risk assessments had been carried out. In addition, the use of bedrails had been notified to HIQA as required by the Regulations.

However, two new members of staff had yet to be afforded training in the prevention of abuse. This training was seen to be scheduled and the person in charge stated that staff had been advised of the policy on induction to the centre.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The person in charge and the nurse manager informed inspectors that residents with dementia were consulted with and participated in the organisation of the centre. Residents were enabled to make choices and maintain their independence. There were opportunities for residents to participate in activities that suited their assessed needs and interests. Inspectors reviewed the minutes of residents' meetings and noted that any concerns were addressed. In addition, there were resident surveys undertaken. Menu choices and seasonal changes were discussed with residents.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with inspectors and stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. Most residents had unrestricted access to a safe outdoor patio area. According to the person in charge, residents who were not at risk of absconsion were enabled to access the external unsecured garden. Residents were seen to go outside, with a staff member, to pick flowers for the tables, while the inspection was in progress. Appropriate seating was available in the garden areas and staff and residents spoke about the recent barbecue,

which was enjoyed by all residents.

Residents' wishes were prioritised when planning activities and excursions. There were many photographs on display which had been taken at events and birthday parties both inside and outside the centre. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the dining room, in the bedrooms and in the sitting rooms.

There was a variety of activities available to residents in the centre which were organised and facilitated by an activity coordinator. The weekly activity schedule included music, board games, arts and crafts, skittles, newspaper reading, religious activity, Sonas, and chair based exercise. However, on the first day of inspection, the activities coordinator was not in the centre. There were no activities organised for residents on that day and one resident stated that the day was 'very long'. The activity coordinator returned on the second day and there were a variety of activities organised. Two staff members spent long periods of time with different groups of residents facilitating for example, singing sessions, chair based exercises, outdoor walks and a game of skittles. Documentation confirming attendance at activities or non attendance was seen in residents' care plans.

Life stories were available for each resident. This documentation included details of residents' individual interests, level of communication, preferences and background. These had not been included in each resident's individual care plan, however staff were aware of where to access the information. Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. Inspectors observed all staff interacting with residents in an appropriate and respectful manner. This included the household and restaurant staff who were knowledgeable about residents' needs and preferences. Residents had care plans in place that guided staff in the communication need of residents. There was a communication policy in place that included strategies for effective communication with residents who had dementia.

Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room and in the conservatory. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. In the sitting room area the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was eye contact between residents and staff members. Some interactions were recorded as 'neutral care' as indicated by the observational tool guideline. When this occurred there was no staff member present for a period of ten to 15 minutes with a number of residents. When a group of staff members returned to the room they were seen to engage positively and attentively with residents. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

The second observation took place in the conservatory. There was a calm and happy



atmosphere during the organised activity session providing a sense of positive wellbeing for residents with dementia. Residents were seen to be neatly and appropriately dressed indicating a sense of respect for their dignity. The staff member engaged the residents in conversation about the choice of activity and offered any explanations which were required. Overall the interactions in the conservatory during the 30 minutes observation period involved positive connective care. Residents were addressed by name and it was apparent to the inspector that they were familiar with the activities and with the activity facilitator.

Inspectors were informed that there was an external person who was available as an informal advocate for residents. Documentation confirming the involvement of this person in successfully mediating on resident issues was seen by inspectors. However, there were no arrangements in place for access to a formal advocacy service. The person in charge undertook to make contact with a suitable service. This was significant as there were a number of social issues in the centre.

**Judgment:**  
Substantially Compliant

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

**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:**  
There was a policy and procedure for making, investigating and handling complaints. The complaints procedure was displayed in the main reception area. The person in charge informed inspectors that complaints were discussed at staff meetings and inspectors viewed the complaints book. The statement of purpose and the Resident's Guide also contained details of the complaints procedure.

Residents told inspectors that they knew who to complain to. Staff were aware of the complaints procedure. The name and contact details of a nominated independent appeals person was displayed for use in the event that a complainant was unhappy with the internal investigation. Inspectors saw evidence that the services of this person had been employed to support residents making complaints.

Since the previous inspection complaints were recorded in a new format which also detailed the satisfaction or not of the complainant as required by Regulations.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
Inspectors found that staff delivered care in a respectful, timely and safe manner. Inspectors found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of residents including residents with a diagnosis of dementia. Staff were supervised according to their role and appraisals were conducted annually. An actual and planned roster was maintained in the centre. Inspectors reviewed staff rosters. In addition, there was a nurse on duty at all times, as well as consistent care staff. The centre had the services of maintenance personnel for the gardens and the premises.

Records viewed by inspectors confirmed that all staff had completed mandatory and appropriate training in areas such as safeguarding, knowledge of BPSD, manual handling and fire safety. However, inspectors found that two staff members were not familiar with how to interpret the fire panel. The person in charge confirmed that this had not been demonstrated at the recent fire training session. The person in charge stated that she had spoken with staff on different occasions about the fire panel. She undertook to provide clear labelling on the panel to aid identification of the various zones. This was attended to immediately. Inspectors spoke with a number of staff individually about their view on the staffing levels on day and night shift. Staff spoken with stated that they were satisfied with the current staffing levels.

The recruitment policy seen on inspection met the requirements of Regulations. This was implemented in practice according to a number of staff interviewed by inspectors. Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations.

**Judgment:**  
Non Compliant - Moderate

### ***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 nursing home was a two-storey building that was purpose built in 1994 and had a lift and back stairs to the top floor. It provided long term residential care and respite care for up to 35 residents. At the time of inspection six residents had a diagnosis of dementia. There were five empty beds during the inspection.

Bedroom accommodation consisted of 17 single rooms with en suites, six twin rooms, three of which had en suites and two three-bedded rooms which had shared toilet and shower facilities. The provider was asked to risk assess the space and dependency levels of residents in the three bedded rooms to ensure that each resident's privacy and dignity was maintained at all times. One of the three bedded rooms was occupied by two female residents. There was an empty bed in this room at the time of inspection. However, inspectors formed the view that the privacy and dignity of the two residents were not adequately protected in the shared room due to the high needs of both residents. In addition, the wardrobe of one resident was untidy and there was inadequate space for the resident's clothes. This was significant as the resident had dementia and was not able to maintain her own clothes. Furthermore, inspectors noted that in the second three bedded room there was limited space for the use of the lifting hoist required for one resident and two of the residents in this room had high, physical care needs. Inspectors observed that the curtains used to screen the beds in these rooms were in good repair. These were seen to be utilised when care was being delivered. The bedrooms which did not have en suite facilities had a wash-hand basin in the room.

On the ground floor there was one shared toilet and wash-hand basin and one assisted bathroom with bath, toilet and wash-hand basin. On the first floor there was one communal bathroom which had a bath and shower area. There was also a separate communal toilet and wash-hand basin. Each resident had an individual locker and wardrobe and in the communal bathrooms each resident had an individual bathroom cabinet for their belongings. Inspectors saw call bells and individual lights over each bed.

Inspectors found that there was adequate private and communal space in the centre. The communal living space for residents was on the ground floor and consisted of two dining rooms, a conservatory, two sitting rooms, a small prayer room and an indoor smoking room. Outdoor space consisted of surrounding concrete paths and a secure accessible patio area to which residents had free access. To the front of the building there was a parking area for staff and relatives.

Staff changing facilities were adequate and staff had storage facilities for personal belongings. Hoist, wheelchairs, walking frames, electric beds and electric mattresses were available for use depending on the assessed needs of residents. Inspectors viewed the service records where appropriate. The premises was noted to be warm and bright. New signage was in evidence. The dining room was nicely painted and the centre was kept clean and generally in good repair. Inspectors saw evidence of a cleaning schedule

for all areas. However, a section of the ceiling and the floor covering in one bedroom required maintenance. There was a separate kitchen with sufficient cooking facilities and equipment in the centre. This was located in the centre of the home and was easily accessible to staff when serving meals to residents.

**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 O'Mahony  
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>	Kilcara House Nursing Home
<b>Centre ID:</b>	OSV-0000241
<b>Date of inspection:</b>	08/06/2016
<b>Date of response:</b>	22/06/2016

### 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:**

A resident at risk of malnutrition had not been seen by a dietician since October 2015.

#### **1. Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

<sup>1</sup> 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:**

The resident at risk of malnutrition has previously been reviewed by medical and psychiatric services, of which the outcome was that the resident involved suffered both from behavioural and psychiatric issues. Will follow up by a Dietician review (AWAITING DATE).

**Proposed Timescale:** 22/06/2016

**Theme:**

Safe care and support

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

Not all relevant medical letters or pre admission information were available for residents in the centre.

**2. Action Required:**

Under Regulation 25(2) you are required to: On the return of a resident from another designated centre, hospital or place, take all reasonable measures to obtain all relevant information about the resident from the other designated centre, hospital or place.

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

Some of the medical letters had been obtained during inspection. Will aim to obtain all relevant letters.

**Proposed Timescale:** 15/07/2016

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Two new members of staff had yet to be afforded training in the prevention of abuse.

**3. Action Required:**

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

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

Training has been offered in house to two new members of staff on prevention of abuse and as soon as the date becomes available both will be put on the course.

**Proposed Timescale:** 22/06/2016

### 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:**

The centre had not engaged the services of a trained advocate.

**4. Action Required:**

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

Our present resident advocate works along with a person who is a trained advocate in the Community Resource centre. Both will be present for all future meetings with residents.

**Proposed Timescale:** 22/06/2016

**Theme:**

Person-centred care and support

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

Ensure that there are opportunities for residents to engage in activities and occupation each day.

**5. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

Activities coordinator is due to go on maternity leave and on the first day of inspection was out sick. A current healthcare assistant has been trained to cover maternity leave. Residents have a variety of different activities provided each day.

**Proposed Timescale:** 22/06/2016

### Outcome 05: Suitable Staffing

**Theme:**

Workforce

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

While fire training had been provided to staff that training is not always put into

practice. For example, all staff were not able to demonstrate knowledge of how to interpret the fire panel.

**6. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Person in Charge is to demonstrate how to interpret the fire panel. Fire Safety officer has also been informed and will reiterate the importance of every aspect of fire safety.

**Proposed Timescale:** 22/06/2016

**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:**

The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre in the following manner:

- the wardrobe space provided for one resident was not adequate
- the three bedded rooms were not of a suitable size and layout to meet the needs of residents who had high care needs and required the use of hoist equipment for safe moving and transfer.
- two residents with a diagnosis of dementia shared a room: this was not suitable due to the very high needs of one resident.
- some repairs were required on the ceiling in one bedroom and on a section of floor covering.

**7. 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:**

- 1.The resident with inadequate wardrobe space has now been provided with adequate space for their personal clothes/items.
- 2.Of the three residents occupying the three bedded room one required the use of the hoist. The other two residents are mobile. The resident who requires the use of the hoist has been offered to move to a double room for more comfort and safety reasons. The resident involved has declined to leave this room. Same respected. As the other two residents are at risk of falls they are required to be near the nurses station.
- 3.Two residents diagnosed with Dementia in a sharing room have been sharing this room for last two years and there has never been any concerns with regard to Health and Safety/ Privacy and Dignity. Resident's wardrobes will be monitored more regularly. All Healthcare assistants are allocated a number of residents to ensure all their needs



are catered for. Nurses have been allocated specific residents therefore they will oversee that all care is provided.

4. Floor covering has been repaired and ceiling is due for repair.

**Proposed Timescale:** 28/06/2016