Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Millhouse Care Centre
Centre ID:	OSV-0000252
Centre address:	Newtown Commons, New Ross, Wexford.
Telephone number:	051 447 200
Email address:	nursing@millhousecarecentre.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clearwood Property Management In Receivership
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	13

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:
12 September 2016 10:00	12 September 2016 18:00
13 September 2016 09:30	13 September 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	Substantially Compliant	Non Compliant - Major
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 12: Notification of Incidents		Non Compliant - Moderate

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.

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. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Millhouse Care Centre is a purpose-built two-storey centre, which provides residential care for 62 people. Approximately 35% of residents have dementia. The atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. A wing has recently been designated as a dementia specific unit with a total of 9 beds. This wing is referred to as the Memory Unit.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had access to general practitioner (GP) services and to a range of other health services. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs although some gaps were noted. Improvement was also required to ensure that the care plans were updated to reflect recommendations from allied health professionals.

While some safeguarding measures were in place the use of restraint required review to ensure compliance with national guidelines. HIQA had not been notified of some forms of restraint in use in the centre. It was also found that the provider had not received a vetting disclosure from the National Vetting Bureau in respect of some staff.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place but some staff files did not meet the requirements of the regulations. Staff were offered a range of training opportunities, including a range of dementia specific training courses.

Improvement was required to ensure that the roles and responsibilities of volunteers were set out in writing. Similarly further work was required to ensure that all residents were consulted regarding the organisation of the centre. The results from the observations indicated that the majority of staff interactions resulted in neutral care.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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 found that improvement was required to ensure that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing and allied health care.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs. However, improvement was required in this area.

The inspector reviewed a sample of care plans for residents with dementia and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example the inspector saw that a resident had been referred to a speech and language therapist (SALT). Specific recommendations were made regarding the type of food to be provided. However the care plan had not been updated to reflect this.

The inspector found other gaps in the care planning documentation. For example no specific interventions were documented for catheter care or diabetic care. Staff spoken with were aware of the necessary interventions but these were not documented which could impact on the continuity of care for residents.

The inspector reviewed wound management practices and saw that recent improvements had occurred. Wound assessment and treatment charts were in place. The inspector saw that a resident had been reviewed by a tissue viability nurse and recommendations were taken on board. Appropriate equipment was in place.

Improvement was required to ensure that residents' nutritional needs were met. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. However

the inspector noted that some residents were assessed as being at risk of malnutrition and had not been referred to a dietician as required by the policy in place. The inspector noted that these residents were receiving nutritional supplements.

The inspector also noted that residents on modified consistency diets were not offered a choice at mealtimes. This was discussed with the person in charge and chef on duty.

Although there were several examples of good practice in relation to end of life, the inspector found that in some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes and preferred priorities of care could then direct the care provided. Staff spoken with outlined plans afoot to introduce additional documentation to ensure that residents' end-of-life wishes and preferred care options were documented.

Although the end-of-life assessment was not consistently recorded, the inspector was otherwise 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 person in charge stated that the centre received support and advice from the local palliative care team.

The inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records 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.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

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, dietetic services and occupational therapy. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in an acute hospital and letters from consultants detailing findings after clinic appointments were seen.

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:
The inspector found that sufficient measures were not in place to protect residents from being harmed or suffering abuse.

The inspector examined a sample of staff files and found that five staff files did not have a vetting disclosure from the National Vetting Bureau. The inspector noted that applications were being processed but had not been completed. The person in charge took action to address this immediately and subsequently submitted written assurances to HIQA stating that all staff working in the centre had Garda Clearance.

The inspector found that risk assessments were completed prior to the use of restraint. There was documented evidence that various alternatives had been tried prior to the use of bedrails. Additional equipment such as low beds and crash mats were in use to reduce the need for bedrails. However, it was noted that the care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use. In addition there was no documented evidence that safety checks were completed when bed rails were in use. The inspector read the policy and saw that it did not contain sufficient detail to guide this practice.

The inspector found that there were digital locks on three of the bedroom doors. The person in charge stated that they had been requested by the residents' family members to prevent other residents wandering into their bedrooms. However the inspector was not satisfied that this form of restraint was in line with national policy. This was discussed in detail with the management team. In addition HIQA had not been notified of this use of restraint.

Some residents had behaviours that challenge, also known as behavioural and psychological signs of dementia (BPSD). The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very 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. The inspector noted that additional training had been provided for staff and this had been identified as an area for improvement at the last inspection. Additional support and advice were available to staff from the psychiatry services.

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. This had been 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.

Judgment:
Non Compliant - Major

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:
Although there were many examples of good practice the inspector found that improvements were required to ensure that residents' privacy and dignity was respected and that each resident was consulted regarding the organisation of the centre.

The inspector found that there was inadequate screening in shared rooms to facilitate residents to undertake personal activities in private. Screening was available but it did not sufficiently enclose both beds. This was discussed with the person in charge.

There was limited evidence that feedback was sought from residents with dementia or that they were consulted regarding the organisation of the centre. Residents' meetings were held on a regular basis and minutes were maintained. However there was no evidence to suggest that residents with dementia were included in this or that additional measures were undertaken to ensure that these residents had a say in the organisation of the centre. The inspector did note that the person in charge had carried out a resident/relative survey to ascertain the level of satisfaction with the service provided and had plans to repeat this on an annual basis. The inspector saw that any issues identified had been addressed. For example there had been a request for some healthy snacks and the inspector saw that the morning and afternoon tea trolley held a selection of fruit and yoghurts.

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 day rooms and dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 17% of interactions demonstrated positive connective care, 29% reflected task orientated care while 54% indicated neutral care. Half of these observations took place in the memory unit. The inspector found that although a staff member was assigned to the unit, one resident required additional attention which limited the time available to spend with other residents. These results were discussed at the end of inspection, as the inspector found that there were numerous missed opportunities for positive connective care.

The inspector saw that in the main the staff were committed to meeting the needs of the residents. 'My life Story' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. Some dementia appropriate activities were available and a programme of activities was on display. This included music and arts and crafts. Staff told the inspector that one to one activities such as hand massage were carried out for residents who did not wish to, or could not engage in group activities.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends although some residents told the inspector they like going home for day trips with their family.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Residents were satisfied with opportunities for religious practices. Arrangements were in place for residents to vote in the recent election. Advocacy services were available.

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, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure.

The inspector read a sample of complaints received and found that they were managed in line with the policy in place. Some were still open and investigations were underway. HIQA had also received some information and the inspector saw that the issues raised were currently being investigated through the complaints procedure.

A summary of the complaints procedure was on display prominently in the front foyer.

Judgment:
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 that there are appropriate staff numbers and skill mix to meet the assessed needs of residents having regard to the size and layout of the centre. Staff had received up-to-date mandatory training and access to education and training to meet the needs of residents. Improvement was required to ensure that all staff and volunteers are recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and noted that some did not contain a satisfactory history of any gaps in employment as required by the regulations. Action required relating to vetting disclosures is included under Outcome 2.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had been vetted appropriate to their role. However the inspector found that in some files reviewed, the roles and responsibilities were not set out in writing as required by the regulations.

The inspector found that a robust induction programme was in place for new staff which included the provision of information to the staff member on technology, dress code and work ethic in addition to information on the regulations and standards.

Appraisals also took place on a yearly basis and the inspector saw that when required areas for additional improvement by individual staff members were outlined. The appraisals also identified training completed and additional requirements.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

The training records for all staff were reviewed and the training required by the regulations in areas such as fire safety and safeguarding was in place and up to date for all. This had been identified as an area for improvement at the last inspection. A wide range of training was provided for staff which included training in areas such as dementia care, wound care and infection control.

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 improvements are completed, the design and layout will promote the dignity, well being and independence of residents with a dementia.

Millhouse Care Centre is a purpose-built two-storey centre. There is a large central foyer with seating areas and a reception desk and offices. This was a popular spot for residents and visitors.

Access between floors is serviced by a lift. The centre was found to be clean, comfortable and welcoming. There are 54 single bedrooms and 4 twin rooms all with en suite facilities. There are additional wheelchair accessible toilets located around the building. The building is well maintained both internally and externally.

An area has been set aside as a memory unit and this has 9 single en suite rooms. A dining cum sitting room was also available within the unit. The enclosed garden area could be accessed directly from the unit. This unit is appropriately decorated with dementia friendly signage and tactile pictures. Several walls had streetscape artwork such as a post office.

Where possible rooms have been nicely personalised with photographs and memorabilia. Appropriate signage in word and picture format was available at eye level height throughout the centre. Staff discussed how this had helped residents with orientation. Clocks and calendars had also been provided.

There was sufficient communal accommodation including day rooms and dining areas as well as an oratory and library. Adequate staff facilities were provided.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grab-rails. Emergency call facilities were in place.

The person in charge discussed plans afoot to further enhance the environment including providing contrasting colours on toilet doors.

There was a well maintained secure central courtyard with seating areas and walkways. There was also a grassed area to the front of the building and adequate parking was available.

Judgment:

Substantially Compliant

Outcome 12: Notification of Incidents

Theme:
Effective care and support

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

Findings:
HIQA had not been notified of some forms of restraint in use in the centre as discussed under Outcome 2.

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:

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[1]

Centre name:	Millhouse Care Centre
Centre ID:	OSV-0000252
Date of inspection:	12/09/2016
Date of response:	28/09/2016

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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some care plans had not been updated to reflect the recommendations of various members of the multidisciplinary team.

No specific interventions were documented for catheter care or diabetic care.

1. Action Required:

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

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
All care plans will be reviewed and will include the recommendations of allied health professionals.

Where specific care interventions are required, such as catheter care or diabetic care, these will be clearly documented in the residents' care plans.

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents were assessed as being at risk of malnutrition and had not been referred to a dietician as required by the policy in place

2. 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.

Please state the actions you have taken or are planning to take:
All residents who have been assessed as being at risk of malnutrition will be referred to the dietitian in accordance with the centre's policy. The referral will be recorded and the dietitian's recommendations will be documented in the residents' care plan.

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In some cases, there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life.

3. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
All care plans will be reviewed and there will be clear documentation regarding

residents' end of life wishes.

Proposed Timescale: 31/10/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents on modified consistency diets were not offered a choice at mealtimes.

4. Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
Residents on modified consistency diets will always be offered a choice at mealtimes in accordance with the menu choices on offer for residents on a normal consistency diet

Proposed Timescale: 30/09/2016

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:
Care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use. In addition there was no documented evidence that safety checks were completed when bed rails were in use.

5. 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:
All care plans will be reviewed and will include the indications for using restraint if this is required, following a detailed assessment of the resident; the care plan will also clearly describe the requirements for supervision and observation of each resident while restraint is in use. A record will be maintained as documentary evidence of safety checks carried out while restraint is in use.

Proposed Timescale: 31/10/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Five staff files did not contain a vetting disclosure from the National Vetting Bureau.

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:
Vetting disclosures have been received in respect of 4 of the 5 staff members referred to by the inspector. The 5th staff member will not be on duty until her vetting disclosure has been received from the National Vetting Bureau.

Proposed Timescale: 06/10/2016

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:
There was inadequate screening in shared rooms to facilitate residents to undertake personal activities in private.

7. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
The screening in shared rooms will be refitted to ensure that each resident is assured of privacy without compromising the other resident in the room.

Proposed Timescale: 31/10/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited evidence that feedback was sought from residents with dementia or that they were consulted regarding the organisation of the centre.

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

Please state the actions you have taken or are planning to take:
Residents' meetings will be scheduled on a regular basis; the meetings will include residents with dementia. An annual survey of residents' and relatives' views will be conducted, which will include consultation with residents with dementia and their families.
Staff will be encouraged to actively engage with residents, including those with dementia, about their views, feelings and opinions. Staff will be encouraged to hear how residents enjoy spending their time and to listen to their suggestions and ideas about aspects of living in the centre. The Person in Charge will provide regular feedback to residents about how their wishes and views can be taken into consideration and how service improvements can be implemented.

Proposed Timescale: 31/12/2016

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff files reviewed did not contain a satisfactory history of any gaps in employment.

9. 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:
All employee files will contain satisfactory employment history, including an account of any gaps in employment.

Proposed Timescale: 31/10/2016

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The roles and responsibilities of some volunteers were not set out in writing as required by the regulations.

10. Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
There will be a role description for each volunteer in the centre, outlining the scope and responsibilities of the role.

Proposed Timescale: 31/10/2016

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.

11. 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:
There are plans to continue to enhance the environment with a view to ensuring that the design and layout of the centre will promote the dignity, wellbeing and independence of residents with a diagnosis of dementia.

Proposed Timescale: 31/05/2017

Outcome 12: Notification of Incidents

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
HIQA had not been notified of some forms of restraint in use in the centre.

12. Action Required:
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

A review of restraint use in the centre will be undertaken and all forms of restraint in use will be validated to ensure that their use is in accordance with centre and national policy. The Authority will be notified of all restraint use in accordance with Regulation 31(3).
Proposed Timescale: 31/10/2016