

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Thomond Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000109
<b>Centre address:</b>	Ballymahon, Longford.
<b>Telephone number:</b>	090 643 8410
<b>Email address:</b>	info@thomondlodge.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Thomond Care Services Limited
<b>Provider Nominee:</b>	Sean Kelly
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	47
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
01 February 2017 09:30	01 February 2017 17:30
02 February 2017 09:15	02 February 2017 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection completed in response to an application made by the provider for renewal of registration of the centre. The last inspection of the centre by the Health Information and Quality Authority (HIQA) was a thematic inspection completed on 07 September 2016 to assess compliance with the regulations regarding the service provided for residents with dementia living in the centre. There were 16 actions required from that inspection; 11 of which were found

to be satisfactorily completed. The remaining four actions were found to be partially completed and are restated in the action plan with this inspection.

The inspector spoke with residents and staff members. Documentation records reviewed included the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records. In addition pre-inspection questionnaires completed by five residents and five relatives were reviewed. There was evidence that the views of residents were actively sought and used to improve the service provided.

Overall, the inspector found that care was delivered by trained staff who knew the residents well. The inspector observed that all interactions by staff with residents were courteous, respectful and kind. Procedures were in place to ensure that residents were protected from abuse.

The management and staff in the centre were striving to improve the quality of the service and the outcomes for residents. Residents appeared well cared for, expressed satisfaction with the care they received and confirmed that they felt safe and had a choice in their daily routine. Residents spoke positively about the staff who cared for them.

Reasonable systems and appropriate measures were in place to manage and govern this service. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements. While the premises was purpose built and was in a good state of repair, improvement was required to the laundry facility and provision of appropriate storage for cleaning equipment.

Residents' healthcare needs were met to a good standard. While the activities provided were interesting, varied and meaningful, review was required to ensure the needs of residents with one-to-one and small group needs were met. Further improvements were also required to ensure residents' care plans comprehensively informed their needs and care interventions required.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose document was given to the inspector on inspection, which had been updated on 02 February 2017. A copy was forwarded to HIQA as required. It contained all information required by Schedule 1 of the Regulations. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

There was a clearly defined management structure in place and was as outlined in the centre's statement of purpose.

Lines of authority and accountability were defined and all members of the team were

aware of their roles, responsibilities and reporting procedures. Monthly governance meetings were held and were minuted. The provider was in attendance in the centre each day and attended all governance meetings. Inter-team communication was promoted by regular staff meetings. Management systems were revised since the last inspection in September 2016 to facilitate the person in charge to fulfil her role. The person in charge currently provides hands-on care to residents one day per week to maintain close contact with residents and to supervise care provision.

There were systems in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly monitored. There was evidence that key areas of clinical care, the environment and feedback from residents and their relatives was reviewed to ensure the service provided was safe and met residents' needs. There was evidence that the information collated in audits and in feedback from residents and their relatives was consistently actioned. However, the inspector found that action plans were not always developed to address the deficits identified in some audits and reviews. There was also inconsistent trending of the findings in audits and reviews completed to inform proactive strategies and to provide robust assurances that all aspects of the quality and safety of the service were optimised.

Residents and relatives were familiar with management arrangements. Residents spoken with during this inspection and pre-inspection questionnaires completed by five residents and five residents' relatives were mostly positive. Some of the responses indicated that activities for residents with diminished capability due to dementia or mobility, as an area that could be improved. The inspector's findings concurred with this feedback. This finding and some other areas highlighted for improvement, including care planning documentation, some aspects of medication management and areas of the premises, were communicated to the provider and person in charge during the course of the inspection.

An annual report detailing a review of the quality and safety of care delivered to residents in accordance with the National Standards was completed for 2015 and was in draft format for 2016. This draft document was due for completion by the end of February 2017 and was being used to inform the centre's service plan for 2017. For example, refurbishment of the laundry and raising/upholstering of residents' chairs. There was evidence that improvements being progressed were made in consultation with residents. The inspector observed where meaningful actions were taken in response to residents' feedback on the menu, as well as in the many efforts made by the provider and staff team to optimise the comfort of the environment for residents.

There were sufficient resources in place to ensure the effective delivery of care as described in the centre's statement of purpose document.

**Judgment:**  
Substantially Compliant

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided***

***for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A Residents' Guide was available in the centre. The guide was made available to residents and contained all of the information required by the Regulations.

Each resident had a written contract for the provision of services that was agreed on their admission. The inspector reviewed a sample of contracts and found that they dealt with the care and welfare of residents while in the centre, outlined the services to be provided and the fees to be charged to the resident. Additional fees were also detailed in each case.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge has been in her role since December 2009. The inspector was satisfied that the centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service. She is supported in her role by a deputy nurse manager, along with nursing, care, administration, maintenance, kitchen and housekeeping staff who report directly to her and she in turn reports to the provider nominee.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses including in gerontology, wound care and tissue viability among other courses and training to maintain her professional development. She had the necessary qualifications and experience of working with older people as required by the Regulations and works full time in the centre. She demonstrated that she had knowledge of the Regulations and

Standards pertaining to the care and welfare of residents in the centre.

The person in charge had a detailed knowledge of residents' care and conditions. Staff confirmed that there was good inter-team communications. The person in charge had effective systems in place to ensure the quality and safety of clinical care. Information required was easily accessed and was well organised. Residents spoken with knew the person in charge and she had a comprehensive knowledge of residents and their needs.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The information as required by Schedule 1 of the Regulations was documented in the centre's recently updated statement of purpose document.

Staff files reviewed contained the information as required by Schedule 2 of the Regulations.

The directory of residents as required by Schedule 3 of the Regulations was maintained in an accessible format. All items of required information were recorded for each resident in the centre.

Other records to be maintained in respect of each resident and otherwise as described by Schedules 3 and 4 of the Regulations were in place and were stored securely.

All of the written operational policies as required by Schedule 5 of the Regulations were available and up to date. These policies were accessible to staff to inform their practice.

**Judgment:**  
Compliant



***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge demonstrated they were aware of the responsibility to notify the Chief Inspector of any proposed absence of the person in charge greater than 28 days from the designated centre and the arrangements in place for the management of the designated centre during her absence.

A registered nurse at clinical nurse manager grade worked alongside the person in charge on a day-to-day basis and deputised in her absence. The person in charge also had arrangements in place to ensure that she and her deputy were not on leave during the same periods. This arrangement ensured that a senior member of the nursing team was available each day during the week. The person who deputised for the person in charge had a postgraduate qualification in management and had experience in a senior clinical role.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

Procedures were in place to protect residents from being harmed or suffering abuse. A policy was in place to inform staff on the management of any allegations, suspicions or

incidents of abuse to residents. There were systems in place to ensure that allegations of abuse were investigated, and that pending such investigations measures were in place to ensure the safety of residents. The person in charge and staff spoken with demonstrated their knowledge of the designated centre's policy. Since the last inspection in September 2016, the inspector observed that one peer-to-peer incident occurred. While this incident was appropriately investigated to rule out abuse, documentation recording the full extent of the investigation process required improvement. Staff spoken with by the inspector were knowledgeable regarding types of abuse and their responsibility to report any allegations, suspicions or incidents of abuse. Training records given to the inspector indicated that all staff had attended training on the protection of residents from abuse.

Residents spoken with by the inspector confirmed that they felt safe in the centre and reported that their feelings of security were enhanced by controlled access to the centre and staff presence at all times. Residents who completed pre-inspection questionnaires also confirmed that they felt safe, and relatives were satisfied that residents were protected from harm and were safe in the designated centre. All staff interactions with residents that were observed by the inspector were respectful, encouraging and kind.

A policy informing the use of restraint was available and was demonstrated in practice. A restraint register recorded any type of restraint used and the duration the restraint was in place. There was evidence that staff were committed to maintaining a restraint-free environment. Bedrail restraints were in use for four residents. Use of bedrails was informed by risk assessments to ensure that residents' safety was not compromised by use of a bedrail. Records were maintained to ensure residents with bedrails did not have their independence restricted for prolonged periods. Low-level beds, foam floor mats and sensor alert equipment were used as alternatives to bedrails for a number of residents. One resident used a lap belt attached as part of their assistive chair, and this was used to promote their safety. Access to an internal secure garden was available to ensure residents could independently go outside the centre if they wished and if appropriate. No psychotropic medications were used on a PRN (a medicine only taken as the need arises) basis.

A low number of residents experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A policy was available to inform staff how to manage responsive behaviours. Eighteen care and nursing staff had attended training in dementia and managing responsive behaviours. Staff spoken with by the inspector could describe person-centred de-escalation techniques that they used to manage individual resident's responsive behaviours. The inspector observed that staff responded to residents with responsive behaviours in a sensitive, person-centred and compassionate way and residents responded positively to the techniques they used. However, these findings were not reflected in the two residents' behavioural support care plans examined. Care plans did not identify the behaviours, the triggers to the behaviours or the most effective person-centred strategies to implement to de-escalate the behaviours. This finding is actioned under Outcome 11 of the action plan. Residents with responsive behaviours were referred appropriately to community psychiatry of older age services. Good support from this community psychiatry team was reported and referenced in the records reviewed.

Systems and arrangements were in place for safeguarding residents' finances and property. The centre's financial controller was an agent for collecting three residents' social welfare pensions. The accounting process was demonstrated by the centre's financial controller. The procedures and processes for collecting residents' social welfare pensions on their behalf were transparent and were subject to annual audit. Residents or their relatives on their behalf were provided with monthly statements of their accounts. The centre maintained small amounts of money for some residents' day-to-day expenses in safekeeping on their behalf. This money was kept in a locked safe. All lodgements and withdrawals were documented in a ledger and a running balance was maintained for each resident. The inspector checked a sample of documented balances against money held and found them to be accurate in each case. All entries were signed with two signatures. The system in place was found to be sufficiently robust to protect residents and staff.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Findings on this inspection demonstrated that the health and safety of residents, staff and visitors was protected and promoted.

There was a safety statement available for the centre. The risk management policies as required by Regulation 26 were in place. The policies informed practices in relation to residents at risk of self-harm, violence and aggression, abuse and unexplained absence and were demonstrated in practice. A risk register was maintained that referenced identification and assessment of risks with controls to prevent potential adverse incidents to residents, visitors and staff. However, the information required review to ensure that the risks identified were kept up to date. For example, some risks were identified in 2013 and did not evidence review to date. There was also opportunity for improvement in proactive risk management strategies by regular auditing of the environment as part of the quality and safety monitoring procedures. The risk register included clinical risks such as residents using restraint and bedrails. Risk assessment of individual residents who smoked was completed. Safety aprons to protect vulnerable residents who smoked were available in the smokers' room and the need for supervision while smoking was assessed. The sluice room and other hazardous areas were kept locked to prevent unauthorised access.

Health and safety and risk management was a standing agenda item in governance meetings. A member of staff was appointed as safety representative for the centre.

All incidents and accidents involving residents, staff and visitors were logged. They were reviewed and addressed by the person in charge and communicated to the provider. Data on resident falls was collated, analysed and used to inform risk management and staffing resources. Although there was evidence of learning implemented from review of any serious incidents involving residents, the details of corrective actions taken and learning implemented to prevent recurrence were not comprehensively documented. There was a low incidence of resident falls necessitating hospital care in the centre in 2016. Each resident has a risk of fall assessment completed on admission and was regularly reviewed thereafter, including after a fall incident. Hip protection equipment, hand rails in corridors, toilets and showers in a contrasting colour to surrounding walls, staff supervision and sensor equipment were used to reduce risk of fall injury to vulnerable residents. While current residents' beds could be lowered to a low level, the provider advised the inspector that he planned to purchase lower level beds as alternatives to some beds for residents at increased risk of fall injury.

On this inspection, fire doors and exits were unobstructed. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Documentation reviewed confirmed they were in working order. Equipment including fire extinguishers and blankets were available at various points throughout the centre. Fire evacuation drills were completed at regular intervals and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Training records referenced that seven staff had not completed fire safety training. However, training was scheduled for these staff in February 2017. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire.

The centre was visibly clean. Hand hygiene facilities were located throughout the premises. Environmental cleaning procedures in relation to bedroom floor cleaning required review to ensure they met best practice in infection prevention and control procedures. The procedures for segregating clean and soiled linen in the centre's laundry also required improvement to reflect evidence-based practice. Damaged surfaces on residents' bed frames did not ensure that they could be cleaned effectively. An infection control policy informed procedures for management of communicable infection and infection outbreak to guide and inform staff. Most staff, including cleaning and laundry staff, had attended training on infection prevention and control.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

A medicines management policy was in place to inform safe medication practices and was recently updated. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration. Checks were consistently completed for the stock of controlled medicines and refrigerator temperatures. Residents' prescribed medicines were reviewed at least on a three-monthly basis. The person in charge completed medicines management audits at regular intervals.

The inspector observed medicine administration to residents on this inspection. The nurse administering residents' medicines wore a red apron alerting staff to minimise interruption. Medicines were administered on an individual resident basis from the drug storage trolley and were recorded in line with professional guidelines. Although improved since the last inspection in September 2016, procedures for warfarin anticoagulation therapy required further review to ensure administration of this medicine was informed by the prescription in place. Nursing staff were administering medicines prescribed for PRN (a medicine only taken as the need arises) use, although the maximum permissible amount of medicines was not clearly indicated on the prescription. These findings are actioned under Outcome 11 of the action plan. The inspector also found that nurses administered one oral medicine and subcutaneous fluids in the absence of stated parameters in the relevant prescribing information to inform administration.

Procedures were in place to record the date of opening of residents' topical creams, ointments and oral liquid medicines to ensure they were not used beyond the timescales recommended by the manufacturer. Procedures were also in place to ensure medicines no longer used by residents in the centre were removed from the medicines trolley and discarded appropriately.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligation. Residents had access to a local pharmacist and the pharmacist was available to meet with residents as they wished. The pharmacist undertook regular audits of medicines in the centre.

**Judgment:**

Substantially Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and,***

*where required, notified to the Chief Inspector.*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents and accidents to residents that occurred in the centre was maintained, and records since January 2016 were reviewed by the inspector. The person in charge was aware of the legal requirement to notify the Chief Inspector of specified accidents and incidents occurring in the centre. To date and to the knowledge of the inspector, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge.

A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of 2016, including use of restraint in the centre.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**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:**

This inspection found that residents' healthcare needs were met to a good standard. There were 47 residents accommodated in the centre on the days of this inspection. Twelve residents were assessed as having maximum dependency needs, five residents had assessed high dependency needs and 14 residents had assessed medium dependency needs. Sixteen residents had low dependency needs. Fourteen residents had a diagnosis of dementia.

Residents had good access to a local general practitioner (GP) service. A GP visited the

centre on a weekly basis. Residents also had access to allied health professionals including occupational therapy, physiotherapy, speech and language and dietitian services. Specialist medical services including palliative care and psychiatric services attended residents in the centre. Residents' documentation confirmed they had timely access to these services as necessary, in addition to support to attend out-patient appointments. Residents spoken with and residents and relatives who provided feedback in pre-inspection questionnaires expressed their satisfaction with the care they received both in the centre and from medical and allied health services. The inspector's review of a sample of residents' care plans confirmed that recommendations made by these services were documented in care plans. As discussed in Outcome 9, some areas of medicines administration by nurses did not reflect professional practice guidelines.

Arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and regularly thereafter using validated risk assessment tools. This information informed care plans that described the care interventions to be delivered to meet each resident's identified needs. Since the last inspection in September 2016, all residents' oral health had been assessed and was regularly reviewed. Residents attended a local dentist to meet their dental needs. Although care given to residents was person-centred and met their needs to a good standard, this was not reflected in the care plan documentation reviewed by the inspector, including end-of-life and behavioural support care plans. Improvement was also required to ensure each resident had an activity care plan developed to inform their activation needs. This finding negatively impacted on residents with one-to-one or small group needs as the inspector found that their activation in a larger group arrangement did not meet their interest or capabilities. This finding is discussed further and actioned in Outcome 16.

Arrangements were in place to ensure care plans were reviewed on a three-to-four month basis, or more often in response to residents' changing needs. Residents were reviewed by a physiotherapist following a fall incident and residents who sustained an injury to their head during a fall had neurological observations completed. There was evidence that residents' care was discussed with them or their relatives where appropriate. While improved since the last inspection, documentation of the details of this consultation process required further review.

Residents' risk of unintentional weight loss or weight gain was assessed on admission and regularly thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. Residents with unintentional weight gain were supported to lose weight safely and to maintain a healthy weight.

One resident had a wound which was being managed in the centre. Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate, was photographed and included a treatment plan to inform care procedures. Wounds were photographed to monitor progress. Tissue viability, dietitian and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or deteriorating. The inspector was told by the person in charge that no residents had pressure ulcers in the centre on the day of this inspection. The inspector reviewed

pressure ulcer preventative procedures in the centre. Assessment of the risk of skin breakdown was completed for each resident on admission and regularly thereafter. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules, were used as prevention strategies.

There were procedures in place to promote residents' good health and to prevent unnecessary hospital admissions. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring and regular exercise as part of their activities programme. Staff were trained to provide subcutaneous fluid administration to treat residents with acute episodes of dehydration.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The areas of the premises assessed in September 2016 were found to be compliant with the regulations. On that inspection, inspectors found that the premises were safe and suitable to meet residents' needs and those areas were not reassessed by the inspector on this inspection.

The inspector reviewed the laundry service available in the centre for residents on this inspection. Findings evidenced that the laundry facility required review to ensure it met its stated purpose. The laundry caters for residents' personal clothing while other linen such as bed linen and towels are laundered by an external company. The laundry in the centre was found to be cluttered and the arrangements in place for segregation of soiled and clean linen were not in line with best practice infection prevention and control procedures. The cleaning trolley and cleaning equipment was also inappropriately stored in the laundry room in the absence of a designated cleaner's room.

While the centre was in a good state of repair, the bed-frame surfaces on a number of residents' beds were damaged and in need of repair.

**Judgment:**



Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**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 complaints policy available to inform procedures and practices in relation to complaints management in the centre. The complaints procedure was in line with the requirements of the Regulations and included an appeals process. The person in charge was the designated person to address complaints. The complaints procedure was on display in the centre and was summarised in the residents' guide document. Advocacy services were available to residents. A summary of the complaints procedure was included in the residents' guide.

A complaints log was maintained in the centre and, since the last inspection in September 2016, recorded verbal and written complaints. All complaints were investigated and the investigation details and actions taken were documented. The satisfaction of complainants was also ascertained and documented. The inspector was informed that there were no active complaints under investigation at the time of this inspection.

Residents spoken with by the inspector on the days of this inspection and feedback received by HIQA in pre-inspection resident and relative questionnaires indicated that residents and their relatives knew who to approach if they were dissatisfied with any aspect of the service. They expressed confidence that their concern would be addressed.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**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:**

A policy document was in place to inform care of residents at the end-of-life stage of their lives. The person in charge told the inspector that no residents were receiving end-of-life care on the days of this inspection. Community palliative services attended residents in the centre to support staff with pain and symptom management. Palliative care services were supporting staff with one resident's pain management at the time of this inspection. Pain assessment procedures were in place and used to inform medicine administration.

Most residents had made their end-of-life wishes known to staff and this information was documented. Care plans were developed for some residents since the last inspection. Other residents had not made decisions regarding their end of life plans to date however, there were systems in place for recording and reviewing this information when it became available. Residents' end-of-life care plans referenced their spiritual, psychological and physical needs, as well as their wishes regarding the place for receipt of that care. Some residents had advanced directives in place and while there was evidence of multidisciplinary input, evidence that residents' or their family were involved in this decision was not consistently recorded.

Arrangements were in place to facilitate residents' families to stay overnight in the centre with them when receiving end-of-life care. The centre provided an oratory for removal services. Residents had good access to religious clergy to meet their faith needs.

An annual remembrance service was held in November to remember residents who passed away during the year.

**Judgment:**

Substantially Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**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 were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' food preferences were ascertained on admission and residents were facilitated to provide feedback on the menu options and choices to inform improvements. A policy was in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk

of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring and food and fluid intake records. Access to a dietitian and speech and language therapist was available to residents on a referral basis based on response to assessment of need or a change in a resident's condition. Residents were provided with food and drink at times and in quantities adequate to meet their needs. Food was properly served and presented in an appetising way.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations made by the dietitian and speech and language therapist where appropriate.

Residents had a choice of hot meal for their lunch each day. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Some residents with unintentional weight loss or weight gain were also prescribed specialist diets by the dietitian. Staff preparing, serving and assisting with meals and drinks were familiar with residents' dietary requirements, needs and preferences. The inspector observed that residents with specialist dietary and fluid consistency requirements received the diets and thickened fluids recommended to meet their needs.

There were sufficient numbers of staff available in the dining room to support residents at mealtimes. Staff sat with residents and provided them with encouragement or discreet assistance with their meal as necessary. The menu was clearly displayed on a notice board outside the dining room. Alternative meals and drinks were available to residents who wanted an alternative to the menu on the day. This was confirmed by the chef who discussed alternative meals provided for residents, including alternatives to the menu on the days of inspection.

There was evidence that residents' feedback informed improvements in the variety of food provided. The chef discussed his commitment to ensure residents enjoyed the food provided for them. He also told the inspector that residents enjoyed home-baked breads and confectionery, which he aimed to provide. Residents expressed their satisfaction with the menu choices and quality of the food provided.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**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:**

Residents were consulted in relation to the running of the centre. This was evidenced by the minutes of residents' meetings and the inspector's discussions with individual residents on the days of inspection. Residents' meetings were convened at regular intervals and were minuted. The person in charge and her deputy spent significant amounts of time each day among residents to gain their feedback on the service provided and to ensure their needs were met.

There was a policy of open visiting in the centre, with protected mealtimes in line with the residents' wishes. Relatives' feedback confirmed that visitors were made welcome when visiting in the centre. The inspector observed visitors visiting residents on the days of inspection. There were a number of comfortable sitting rooms and seated areas in the centre where residents could meet their visitors in private.

A schedule of activities was displayed for residents' information. An activity co-ordinator had responsibility for meeting residents' activation needs in the centre. Co-ordinated activities were provided seven days each week up to 18:00hrs on weekdays and 16:30hrs at weekends. The activity co-ordinator had completed a course in an accredited sensory-based programme to support meeting the needs of residents with cognitive impairment and dementia. The activity co-ordinator was in the process of completing life histories for each resident. The inspector observed that residents were encouraged to participate in group activities and many of the activities, such as the weekly exercises, music, singing, arts and crafts and ball games, were particularly suitable or tailored for these residents. Residents' past interests also informed the group activities provided.

The inspector observed many residents engaged in the coordinated group activities provided in the sitting room. However, some residents did not participate and were sleeping throughout. Many of these residents had one-to-one or small group sensory activation needs. A comprehensive, person-centred activity care plan was not developed for each resident who remained in their bedrooms, and, or who had one-to-one needs. An accredited sensory-based activation session was facilitated once weekly in addition to varied one-to-one activities for these residents. However, the absence of assessment of these residents' level of participation and engagement meant it was unclear whether their interests and capabilities were met. There were a number of residents who attended day services outside the centre and some residents went out to a local community-led entertainment evening each week. These residents were provided with transport on a wheelchair bus. Outings were also organised for residents to go out for refreshments and to visit areas of interest to them. For example, residents recently went to visit the army barracks in Athlone.

Residents were facilitated to meet their religious and spiritual needs. Residents had access to clergy to meet their faith needs. A large notice board was located outside the

sitting room advising residents on useful information that may be of interest to them.

The inspector observed that staff got consent from residents for all care activities and gave them choice regarding their daily activities in the centre. Residents' privacy and dignity needs were met. The inspector observed staff knocking on residents' bedroom doors and closing doors to bedrooms and toilets during personal care activities. Residents who required assistance with eating were provided with same discreetly.

**Judgment:**  
Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

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

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

**Findings:**  
The inspector observed that residents could maintain control over their personal possessions and clothing. Each resident had their own personal wardrobe, which they had unobstructed access to, and had sufficient space in their bedrooms to store their personal belongings. Residents could maintain control over their belongings and they had access to a lockable space to store valuables. There was adequate space provided for residents' personal possessions, property and mobility aids.

There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. Residents' clothing was discreetly tagged to prevent loss of any items. Residents spoken with by the inspector expressed satisfaction with the laundry service. The inspector observed that there was a low incidence of lost or mislaid residents' clothing and, when it did occur, it was resolved to the satisfaction of the residents and relatives concerned in each case.

Residents' clothing was observed to be clean and in good condition. Records were maintained of residents' property and were updated at regular intervals.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing  
There are appropriate staff numbers and skill mix to meet the assessed needs***

*of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

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

**Findings:**

There were appropriate staff numbers and skill-mix on duty to meet the assessed needs of residents. Since the last inspection in September 2016, the provider had reviewed staffing levels to ensure the person in charge was not included in the staffing complement providing resident care for residents for four days each week. The person in charge confirmed that this arrangement ensured she was facilitated to fulfil her role. An actual and planned staffing roster was in place and reflected the number of staff on duty on the days of the inspection. Residents spoken with confirmed that staff responded quickly to their call bells and their care needs were satisfactorily met. The inspector also observed that call bells were responded to without delay on the days of this inspection. The feedback in pre-inspection questionnaires confirmed that residents' were satisfied with how their care needs were met by staff. While the inspector was assured that the staffing levels and skill-mix provided met residents' needs, a review of residents' activation provision was necessary to ensure activities were facilitated to meet the needs of residents with one-to-one or small group needs.

Staff attended an annual appraisal with the person in charge. This process also informed training resources. Recruitment policies and procedures were in place to inform practice and were supported by an induction programme for new staff to the centre. The person in charge held meetings with the various levels of staff and the minutes of these meetings were reviewed by the inspector.

The inspector reviewed staff training records, observed practices and spoke with staff. The inspector found that all staff working in the centre had completed mandatory training in safeguarding residents and safe moving and handling procedures. Training records evidenced attendance by staff at training in fire safety, including participation in simulated evacuation drills. Seven staff had not completed training in fire safety and were scheduled to attend this training in February 2016. In addition to mandatory training requirements, the inspector saw that staff were facilitated to attend courses and training to inform and refresh their knowledge and skills to meet residents' assessed needs.

A sample of staff employment files were reviewed by the inspector and were found to be completed as required by Schedule 1 of the Regulations. The provider confirmed that

all staff including volunteers were appropriately vetted. Volunteers' roles were set out in writing. The inspector found that all staff were well-informed and knowledgeable regarding residents' needs and the care they required to address their needs.

**Judgment:**  
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:***

Catherine Rose Connolly Gargan  
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>	Thomond Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000109
<b>Date of inspection:</b>	01/02/2017
<b>Date of response:</b>	27/02/2017

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

Action plans were not always developed to address deficits identified in some audits and reviews done. There was also inconsistent trending of the findings in audits and reviews completed to inform proactive strategies and to provide robust assurances that all aspects of the quality and safety of the service were optimised.

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

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



Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Action plans shall be put in place to address deficits identified in audits and robust proactive strategies shall be developed to enhance the safety and quality of the service provided. Reviews of these actions shall be carried out to ensure their efficiency.

**Proposed Timescale:** 30/04/2017

### **Outcome 07: 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:**

While one peer-to-peer incident was appropriately investigated to rule out abuse, documentation recording the full extent of the investigation process required improvement.

**2. Action Required:**

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

A more detailed account/record of all investigations shall be recorded in future to outline all steps and findings involved and a detailed account of the outcome of the investigation recorded to include satisfaction of complainant.

**Proposed Timescale:** 17/02/2017

### **Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Although there was evidence of learning implemented from review of any serious incidents involving residents, the details of corrective actions taken and learning implemented to prevent recurrence were not comprehensively documented.

**3. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording,

investigation and learning from serious incidents or adverse events involving residents.

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

Comprehensive documentation of details of any corrective action to be taken and learning to be implemented following a serious incident involving residents shall be recorded to prevent recurrence of such an incident.

**Proposed Timescale:** 01/03/2017

**Theme:**

Safe care and support

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

The information referencing identification of hazards required review to ensure that the it was kept up-to-date.

**4. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All risk assessments that have not been reviewed shall be reviewed or removed as necessary and shall continue to be done on a regular basis.

**Proposed Timescale:** 30/03/2017

**Theme:**

Safe care and support

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

Environmental cleaning procedures in relation to bedroom floor cleaning required review to ensure they met best practice in infection prevention and control procedures.

The procedures for segregating clean and soiled linen in the centre's laundry also required improvement to reflect evidence-based practice.

Damaged surfaces on residents' bed frames did not ensure that they could be cleaned effectively.

**5. Action Required:**

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

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

Refresher training in infection control is scheduled for 11th April for all cleaning staff which will include best practice in flat-mopping procedures.

Plans for extension to laundry to allow the efficient segregation of clean and soiled laundry is due to commence in March 2017. Rails on bed frames are also to be re-varnished over the coming months.

**Proposed Timescale:** 30/04/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Procedures for warfarin anticoagulation therapy required further review to ensure administration of this medicine was informed by the prescription in place.

**6. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We have reviewed the procedure for our administration of warfarin. It is now more transparent and less likely for error to occur. The prescription of warfarin is now kept enclosed in the kardex.

**Proposed Timescale:** 17/02/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Care plan documentation reviewed by the inspector including end of life and behavioural support care plans was not person-centred and did not comprehensively inform residents' care needs.

Improvement was also required to ensure each resident had an activity care plan developed to inform their activation needs.

**7. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

We are currently updating all care plans to make them more person centred to include end of life and behavioural support.

Each resident will have an activity care plan informing of their activation needs.

**Proposed Timescale:** 30/03/2017

**Theme:**

Effective care and support

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

Nurses were administering medicines prescribed for PRN (a medicine only taken as the need arises) use, although the maximum permissible amount of medicines was not clearly indicated on the prescription.

Nurses administered one oral medicine and subcutaneous fluids in the absence of stated parameters in the relevant prescribing information to inform administration.

**8. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

We shall ensure that all PRN medications will have the max permissible amount clearly indicated on the prescription.

We shall ensure that all subcutaneous fluids shall have stated parameters in line with professional guidelines issued.

**Proposed Timescale:** 17/02/2017

**Outcome 12: 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 laundry in the centre was found to be cluttered and the arrangements in place for segregation of soiled and clean linen were not in line with best practice infection

prevention and control procedures.

The cleaning trolley and cleaning equipment was also inappropriately stored in the absence of a designated cleaner's room.

**9. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The Laundry is due to be extended over the coming month. This will allow for better controls and infection prevention. The laundry room will also contain a locked cupboard for storage of washing powders, stain remover and fabric conditioner. A separate cleaning room with sluice sink and single wash hand basin with locked door is located to the rear of nursing station, this will be shelved for better storage of cleaning products. We have now freed up a room for the cleaning trolleys to be stored in this room has a lockable door.

**Proposed Timescale:** 30/04/2017

**Theme:**

Effective care and support

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

Bed-frame surfaces on a number of residents' beds were damaged and in need of repair.

**10. 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:**

Wooden bed rails are due to be re-varnished over the coming months to allow for ease of cleaning.

**Proposed Timescale:** 30/04/2017

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

Some residents had advanced directives in place and while there was evidence of multidisciplinary input, evidence that residents' or their family were involved in this decision was not consistently recorded.

**11. 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:**

Residents and or family input in end of life care directives shall be recorded more effectively.

**Proposed Timescale:** 30/03/2017

**Outcome 16: 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 limited evidence that the activities available met the interests and capabilities of residents with one to one or small group needs.

**12. 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:**

Activities to meet the interests and capabilities of residents who require one to one or small group activities shall be facilitated with the assistance of a more comprehensive care plan outlining their individual ability and preferences.

**Proposed Timescale:** 30/03/2017