

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Claremount Nursing Home
Centre ID:	OSV-0000329
Centre address:	Claremount, Claremorris, Mayo.
Telephone number:	094 937 3111
Email address:	amhegarty@yahoo.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Claremount Nursing Home Limited
Provider Nominee:	Ann Marie Hegarty
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	57
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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:
15 November 2016 10:30	15 November 2016 18:30
16 November 2016 10:30	16 November 2016 18:30

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

Summary of findings from this inspection

This was an unannounced inspection conducted over two days. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this inspector focused on six outcomes and followed up on the four actions from the last 18 outcome monitoring inspection which took place in February 2015.

Prior to this inspection the provider submitted a self-assessment document to the Authority along with relevant polices. The inspector reviewed these documents prior to the inspection. The provider had assessed the service as compliant in all areas. The inspector found the centre was in compliance with one outcome and substantially in compliance with the remaining five outcomes. There were 57 residents in the centre at the time of the inspection and there were 3 vacancies. 17 of the residents had a diagnosis of a dementia and a further 18 had some element of cognitive impairment. The centre is comprised of two wings

connected via a foyer with residents with more advanced dementia generally located in one. The inspector found the care needs of residents were being met to a high standard and residents with dementia had choices in relation to all aspects of their life. There was a decrease in the use of restraint since the last inspection and responsive behaviours or behaviours that challenge were well managed. There was an activity programme provided and designated staff to deliver the programme. The management of complaints was robust. Residents with dementia had families who advocated for them, however, there was no independent advocate attending the centre as required by the regulations.

The staffing levels and skill mix was appropriate to the needs of the residents. Staff had received training in dementia and the management of responsive behaviours. The centre was homely and accessible and provided adequate physical space to meet each resident's assessed needs. It was designed to meet the needs of older persons however some improvements to the signage and decor would help orientate residents with dementia and enhance the centre. The action plans at the end of this report reflect where improvements need to be made.

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):

Findings:

The inspector found that each resident's wellbeing and welfare was maintained by evidence-based nursing care and appropriate medical, health and social care. Residents were regularly reviewed by a General Practitioner (GP) as well as a range of allied support services including a physiotherapist who was employed to work full time in the centre; speech and language therapist, dietetics and chiropody. Occupational therapy was provided through the Health Service Executive (HSE). The provider confirmed that there were no residents awaiting this service. The inspector saw that where the advice of these specialists was incorporated into the residents care plans.

The inspector reviewed three residents' files in detail and certain aspects of other files. A pre-admission assessment was evident on each file. A comprehensive and assessment of each resident's health and social care needs was completed on admission using a range of evidence based tools to identify any care needs in areas such as nutrition and hydration, dependency, skin integrity, oral care and risk of falls. There was evidence that all assessments were reviewed within a four month period. A summary sheet was used for this purpose and any changes were noted on this sheet. Where there were significant changes in the residents' needs the care plan was rewritten. The review was indicated by a staff signature and a date only and there was no narrative note to indicate if the residents care needs had changed since the last review.

The care plans reviewed were comprehensive and very person centred. There was good linkage between the assessments completed and the care plans developed. In one communication care plan reviewed the actions described to alleviate the residents' anxiety when he became restless required review as the residents' mobility had deteriorated and although this change was noted in the residents mobility care plan, the information was not updated in other relevant care plans. The person in charge stated that efforts were made to avoid unnecessary hospital admissions. All nursing staff were trained to look after residents with a syringe driver and to administer subcutaneous fluids. The inspector saw that when an admission was necessary, appropriate information was sent with the resident. Discharge information from acute hospitals was also available within residents' files.

There were no residents with pressure wounds at the time of the inspection. The inspector reviewed the file of one resident who had a healed wound. The person in charge had completed training in wound care and had a tissue viability qualification. The advice of a dietician was incorporated into the residents care plan and protein supplements were prescribed to promote healing. Those at risk of developing pressure wounds had specific equipment in place to reduce the risk, such as repositioning regimes, pressure relieving mattresses and cushions. There were systems in place to ensure residents did not experience poor nutrition. Residents were assessed using a malnutrition universal score test (MUST) assessment tool. Residents were weighed monthly and any weight loss promptly a referral to the dietician and GP.

The inspector observed the lunch time and evening meal and was satisfied that resident's were provided with meals that were nutritionally wholesome and in accordance with their assessed needs. There were two sittings for each meal and those who required assistance ate their meal first. The residents were discreetly and respectfully assisted with their meals. A menu was displayed on the wall of the dining room which had a choice of three meals. Fresh, tinned and stewed fruit were incorporated into the diet and regular drinks were provided for residents throughout the day. The inspector observed residents in the dining room at lunchtime and spoke with some residents regarding the quality of the food. Residents said that the quality of meals served was good and they confirmed that they had a choice. The inspector observed meals were well presented and the staff asked residents what they wanted. The chef was familiar with the special dietary requirements and preferences of residents' and had a list with each residents requirement in the kitchen for reference.

There were two activity coordinators employed to deliver activities each day. The inspector saw there was a variety of activities provided. The activities scheduled for the day were displayed on a notice board in each of the sitting rooms. During the inspection, there were both group and individual activities taking place and the inspector observed one to one activities such as reading the paper, arts and crafts, skittles and ball games. The inspector saw that staff worked to involve residents in the activities but respected their decisions not to participate if they chose not to. The activities coordinator kept a log of each residents participation in the organised activities and the inspector saw that their level of engagement was indicated.

A review of all incidents, accidents was completed by the inspector. Where residents had a fall an incident form was completed. Neurological observations were recorded when a fall was not witnessed where the resident had a suspected head injury. There was a low incidence of injuries as a result of falls. A post fall assessments was completed by the physiotherapist and was evident in the files reviewed. All staff had completed training in appropriate moving and handling techniques and during the time in the centre the inspector saw staff supporting residents to maintain their mobility, encouraging them to walk with staff.

The inspector observed the lunch time medication round and spoke with the nurse regarding medication management practices. Practices observed were in line with guidance from Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). There was evidence of regular reviews of the residents medications

by their GP. Medication practice was audited by the person in charge.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. The person in charge confirmed that the local palliative support team provided good support to residents where required. The inspector saw that each resident had an end of life care plan in place which contained details of their end of their life wishes. Residents with a do not resuscitate (DNR) status had the DNR status regularly reviewed to ensure the clinical judgement was still appropriate. The inspector reviewed the file of a resident who had recently deceased which confirmed that end of life care was provided according to the residents wishes.

This outcome was judged to be substantially compliant in the self-assessment, the inspector also judged it as substantially compliant.

Judgment:

Substantially Compliant

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 self assessment tool (SAT) completed on behalf of the provider was rated compliant in this outcome.

All visitors signed a visitor's book when entering the centre and closed circuit television cameras monitored the entrance to the centre. Residents who were able to speak to the inspectors said they felt safe in the centre and said the staff were supportive. There were procedures in place for the prevention, detection and response to abuse. A policy on Protection of Vulnerable adults was available and the staff spoken with were able to describe the different types of abuse, and knew the signs to look out for and how to report any concerns. Staff identified the person in charge as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. Garda Síochána vetting had been obtained for all staff members. The provider confirmed that there were no notifiable incidents of adult protection under investigation.

Some residents had responsive behaviours or behaviours that challenge, also known as behavioural and psychological signs of dementia (BPSD). The inspector saw that assessments had been completed and proactive strategies and reactive interventions were identified in the residents' care plan and in general the inspector saw that these were reviewed regularly. During the inspection the inspector saw that staff were

respectful towards residents with BPSD and approached them in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. As described under outcome one, one residents' care plan required review as the action identified in his behaviour support /communication care plan was to walk with him to alleviate his anxiety, however, on review of this residents mobility care plan and in discussions with staff the inspector saw that the resident was no longer able to mobilise. This care plan required review to identify an alternative reactive strategy to support this resident. An action has been included under outcome one to address this.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts or alert bracelet known in the centre as co-tags) in place. There was a risk assessment completed prior to the use of any restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. Restraint risk assessments were revised routinely and supported with a plan of care. The rationale for each type of physical restraint was outlined in the risk assessment documentation reviewed.

The provider acted as agent for two residents' pensions. Individual transparent accounts were available showing monies collected and monies paid out. One pension was paid directly into the nursing home account. The provider was in the process of reviewing this arrangement and had made enquiries for pension to be paid directly into the residents own bank account.

Small funds were stored securely for some residents and residents were assisted to manage these on a day to day basis. The inspector reviewed the system in place and found that it was sufficiently comprehensive to ensure transparency and security. All financial transaction records were signed and witnessed and a sample of funds held when checked by the inspector and corresponded with financial records. Residents could access their funds as they wished. There were systems in place to safeguard residents' property and valuables and the inspector saw that property lists were regularly updated.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The inspector found that residents were consulted on a daily basis regarding the organisation of the centre. The inspector observed the staff interacting with residents in an appropriate and respectful manner. Staff knocked on bedroom doors before entering

and sought consent before assisting with personal care. The inspector found that staff knew residents well and were familiar with their care needs, routines and patterns of behaviour.

There was a small oratory in the centre and the inspector saw that religious preferences were recorded in all residents' files and were facilitated. The majority of residents were catholic. A local priest visited some of his parishioners on the day of the inspection and a prayer service was taking place in one of the communal areas. There was weekly mass for Catholic residents. Residents were facilitated to vote in local and national elections and provider brought residents to their local polling centre.

The advocacy service previously provided was no longer available and the provider said she was exploring alternative advocates. On review of the last inspection report, the provider had stated that she was exploring alternative services at that time.

There were no restrictions on visitors except during meal times and this was to respect the privacy of residents who required assistance. Residents could meet visitors in private in the visitors' room provided or in any of the communal areas. On the day of inspection visitors were observed spending time with residents in the living room and the foyer of the centre.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia using a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes in communal areas.

During these periods, the inspector found most of the observation the quality of interaction score was +2. Two observations took place in one communal area known as the blue room which was mostly used by residents with advanced dementia. A third took place in the other communal room. The number and quality of interactions were significantly improved when an activity was occurring. There were no negative interactions observed but on the evening of the first day of inspection the inspector observed where there were few interactions by the staff member who was responsible for supervision of this room and residents appeared bored.

The inspector observed staff interacting with residents in an appropriate and respectful manner. Residents spoken with said they had a choice about the times they wanted to get up in the morning and go to bed at night and to partake in activities. There were televisions in each communal area and a mobile telephone was available to residents. Many residents had their own mobile telephones. Newspapers were available and there was a selection of books available to residents.

There was an established resident's council and the inspector saw that meetings were held every month in each unit and minutes were available for all meetings. There was a

range of topics discussed and meetings were facilitated by the activities coordinators. There were currently no relatives attending the meetings and in the absence of an independent advocate the inspector was concerned that the voice of the residents with dementia was properly represented in the meetings. Residents' privacy was respected. They received personal care in their own en suite bedroom. Bedrooms and bathrooms had privacy locks in place.

Some residents chose to spend time in their bedrooms watching TV, or with visitors or friends according to their own individual preferences. An activity schedule was in place to engage residents and there were two activity co-ordinators employed. The weekly schedule included activities such as bingo, card games, Sonas (a therapeutic therapy for residents with dementia) and exercise classes. Records of resident participation in all activities were maintained to enable review and planning of future activities. The activity coordinators also marked each season with a celebration. For example, a Halloween party had been recently organised and there were pictures displayed of this event. There were three Sonas sessions organised each week and additionally one-to-one therapeutic activities were provided for residents with dementia. Residents were brought to a quiet area for one-to-one activities to avoid distractions. The inspector observed the activities coordinator during a group activity session for residents with dementia. Those residents who did not participate were encouraged to do so but if they chose not to their wishes were respected. Some residents told the inspector they went on a trip to Knock recently.

There was some evidence of linkage between the social care assessments completed and the activities offered to meet the individual interest of the resident for example a resident who was interested in farming had a copy of a farming magazine however, further consideration was required to develop this area further and therefore ensure person centred care.

Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. A number of residents were observed having their hair done in the hairdressing salon on the day of inspection.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy in place which met the regulatory requirements. A copy

was on display at the front entrance to the centre which detailed the various stages of the procedure.

Residents told the inspector that they would complain to the person in charge or any of the staff caring for them. A review of the complaints recorded the previous year showed that they were all dealt with promptly and the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process in place but no complaint had been appealed. There was evidence of learning from the complaints recorded.

The Assistant Director of Nursing overviewed the complaints process to ensure that all complaints were recorded and investigated and the person in charge reviewed all complaints monthly to identify any common trends and ensure complaints were investigated as per the complaints policy.

This outcome was judged to be compliant in the self-assessment and the inspector also judged it as compliant.

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 self assessment tool (SAT) completed on behalf of the provider was rated compliant in this outcome.

The person in charge and the provider both worked full time and were found to work well together to oversee the governance of the centre. The providers working hours were not indicated on the rota but were confirmed by staff and by the residents. The person in charge was supported by an Assistant Director of nursing who worked full time.

The inspector viewed the staff rota and observed staffing levels over the two days of the inspection. The provider and person in charge confirmed that staffing levels and the skill mix were reviewed regularly and adjusted in response to residents' needs. The inspector saw that there were two nurses on duty at all times, one based in each unit. There were 10 health care assistants rostered to care for residents in the morning and this reduced to seven in the afternoon and increased again to eight in the evening. Additionally two activities coordinators were employed during the day and a physiotherapist worked full

time. There were five care assistants on duty in the evening until 22.00. The person in charge said that most residents were in bed at this time. At night there were 2 nurses and 3 care assistants on duty from 22.00 until 08.00.

The staff roster included the names and working times of various staff shifts. The inspector saw that a staff member was assigned to supervise both communal areas at all times and staff carried a call bell to alert another staff member if they required assistance.

Staff were familiar with the residents' health and social care needs and were knowledgeable of their duties. They were observed to interact with the residents in a kind, respectful and dignified manner. A key worker system was in place so that familiar staff assisted residents with their activities of daily living. Staff on duty said they had sufficient time to perform their duties.

The provider confirmed that she was in the process of recruiting additional nursing staff due to vacancies which had arisen. Appropriate recruitment procedures were evident. The Inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the Regulations. The registration numbers for nursing staff with an Bord Altranais agus Cnáimhseachais na hÉireann were held separately but were available for all staff nurses.

Training records reviewed confirmed that staff had been provided with required mandatory training in fire safety, moving and handling and adult protection. The person in charge held clinical governance meetings staff monthly where residents' health care needs were discussed. The minutes of these meetings were available. There was evidence of an induction programme in place and a newly recruited staff member confirmed that she had completed it. A six month probationary period was completed by all staff before they were given a full time contract to ensure they were suitable for the role.

There was a training matrix available which showed that staff had access to ongoing education. Training in dementia care and behaviours associated with dementia and in cardio pulmonary resuscitation and manual handling had taken place. The inspector saw that staff appraisals were completed annually and the person in charge stated that appraisals for this year were scheduled to be completed before the end of the year.

Judgment:

Compliant

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 self assessment tool (SAT) completed on behalf of the provider was rated compliant in this outcome. The centre was homely and accessible and provided adequate physical space to meet each resident's assessed needs. It was designed to meet the needs of older persons however some improvements to the signage and decor would help orientate residents with dementia and enhance the centre.

The inspector found that the centre was well laid out and well maintained internally and externally and it provided a comfortable environment for residents. The main entrance was secure and a sign alerted visitors to be alert for residents with dementia who may leave the building. The exit door required a key code to release the automatic lock device.

The centre is a purpose built two storey building. Residents are accommodated on the ground floor of the centre and the first floor is used as offices and for staff facilities including changing rooms and a staff kitchen. There are 40 single bedrooms and 10 twin bedrooms. All bedrooms have en suite toilet and showering facilities and some residents had personalised their rooms with photographs and personal belongings. Call bells were in place at each resident's bedside. Additional rooms were available for residents who preferred a quieter environment.

Corridors were wide and were clear and uncluttered to ensure resident safety when mobilising. Photographs of residents and special occasions and celebrations in the centre were displayed on the walls. There was suitable storage space available and assistive equipment was stored appropriately and records confirmed that it was maintained in good working order. Bathrooms contained grab rails beside toilets and in showers and there was a functioning call bell system in use in the centre. The centre was bright with large windows that optimised natural lighting and residents could look out from their bedrooms and from the communal sitting rooms on the garden.

Residents' accommodation was arranged on each side of the main foyer in two distinct wings known as the north wing and the south wing. There was a very long corridor leading to both areas. Some seating was provided along corridors for residents to rest if they wished and the inspector saw that residents availed of this. There were hand rails provided on both sides of the corridors. Consideration should be given to the provision of additional seating to encourage and promote residents' mobility.

There was some use of signage and colour cues to make areas more easily identifiable to residents with dementia. For example, the sitting room in one unit was referred to as the blue room. Bedroom doors had the residents' name on them and a room number but were all painted a similar colour. The option of improving signage throughout and the use of more picture cues and contrasting colour throughout the centre required consideration in order to help orientate residents with dementia.

There was a secure garden provided which was accessed from one unit. It contained shrubs and a raised bed which was planted with vegetables during the summer. Garden furniture was provided and there was a pathway through the garden. The area was well maintained and accessible. The provision of hand rails to support residents required

consideration to encourage residents to use this area independently.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Claremount Nursing Home
Centre ID:	OSV-0000329
Date of inspection:	15/11/2016
Date of response:	24/01/2017

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 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:

The information provided in one residents care plan required review as the actions described to alleviate the residents' anxiety were no longer relevant.

1. 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,

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

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:

The communication/activity care plan has been updated to reflect the resident's current status. As stated in the report, the mobility care plan was up to date and it is this care plan that directs staff in relation to mobility.

Proposed Timescale: 17/11/2016

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:

The pensions of one resident was paid directly into the nursing home account and this arrangement did not afford the resident maximum protection.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The pension is now paid directly into the resident's bank account.

Proposed Timescale: 18/11/2016

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:

Residents did not have access to advocacy services.

3. 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 are involved in the organisation of the nursing home through their monthly meetings. They have access to advocacy services and the contact details are posted throughout the nursing home.

We will endeavour to source an independent person to attend resident meetings.

Proposed Timescale: 30/06/2017

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:

Some enhancements were required to encourage and promote residents' independence and mobility. For example, the provision of additional seating along corridors, the use of non verbal signage and contrasting colour throughout the centre to make areas more easily identifiable to residents with dementia.

4. 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:

A risk assessment will be carried out on the provision of additional seating.

The use of nonverbal signage will be expanded.

Contrasting colour will be gradually introduced as and when the nursing home needs to be painted.

Proposed Timescale: Seating and Signage – 30/06/2017

Contrasting Colour - 31/12/2017

Proposed Timescale: 31/12/2017