

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Centre address:	13 Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 7348
Email address:	donore_91@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brecon (Care) Limited
Lead inspector:	Ann Wallace
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 02 May 2018 08:30 To: 02 May 2018 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		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications.

The provider had completed a self- assessment tool under the thematic dementia assessment framework and had assessed the centre as being compliant for four outcomes in relation to health and social care needs, safeguarding and safety, complaints and resident's rights, dignity and consultation. The provider assessed the outcomes in relation to premises and staffing as being substantially compliant. This inspection concurred with the judgments of the self assessment questionnaire in three outcomes, however the inspector found that improvements were still required in relation to the number of and location of wheelchair accessible toilets and shower

facilities on the ground floor, residents' care plans and staffing.

The inspector found that care and services were provided in line with the centre's statement of purpose. Staffing levels were reviewed regularly and the person in charge had processes in place to increase staff in line with the residents' needs for care and services. The activities coordinator had recently left and the centre was in the process of reviewing how activities were provided by the staff team. This is discussed under outcome four in the report. Rosters reflected the staff on duty in the centre on the day of the inspection. Staff were seen to respond promptly to residents' requests and to call bells.

There was a well-established staff team many of whom had been working in the centre for more than five years. Staff knew the residents well and care was found to be person centred. The inspector spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Those residents who did speak with the inspector said that they were well looked after and that staff were kind and approachable. These views reflected the findings in the resident questionnaires that had been completed by some residents and were returned to the inspector during the inspection.

Residents had good access to a range of health and social care services to meet their ongoing needs. This included physiotherapy, dietician, speech and language therapy, chiropody, optician and dental services. Residents were seen regularly by their general practitioner (GP). Specialist medical services including access to a consultant psychiatrist were available when required.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for each resident's clothing and personal possessions. The centre was very homely and was nicely decorated and well maintained. The provider was in the process of installing a wheelchair accessible door out to the covered smoking area to ensure that residents could access the area in line with their smoking risk assessment and care plan.

There was a clear management structure in place and staff were supervised and supported in their work. The centre's quality management system ensured that care and services were monitored and where improvements were identified these were implemented. The centre had made a number of improvements in line with the findings of previous inspections. Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents had good access to a range of health and social care services. These included physiotherapy, dietitian, speech and language therapy, community mental health services and chiropody. Occupational therapy services provided assessment and advice in relation to specialist seating for higher dependency residents and private occupational therapy services were arranged for residents as required. Dental and optical services were accessed for residents in order to maintain their optimum health and independence. Health promotion services such as the annual flu vaccinations and diabetic retinal screening were made available for residents to ensure that potential health problems could be prevented.

Residents were seen regularly by their general practitioner (GP) who visited the centre each week. The GP reviewed each resident's medication every three months or if their health changed. Out of hours medical services were in place if required. Specialist medical services were available including psychiatry of later life and records showed that nursing staff accessed specialist services through prompt referrals and effective multi-disciplinary working arrangements with the specialist teams. Records showed that where specialist interventions were prescribed these were implemented by nursing and care staff.

The inspector reviewed a sample of resident's records and care plans. Records showed that each resident had a pre-admission assessment prior to their admission to ensure that the centre could meet their needs. Following admission a further assessment was completed by nursing staff. The assessment included information about the residents current needs and their self care abilities as well as their preferences for care and daily routines. Following the assessment a care plan was devised with the resident and/or their family. The inspector found that a number of assessments did not include information about the resident's past life such as their hobbies and other interests for example types of music or sporting interests. This information is required in order to inform care plans in relation to social care and meaningful activities and to promote person centred care practices.

The inspector reviewed a sample of residents' care records. Overall care plans were found to reflect the residents' current needs, however improvements were required in relation to care plans for responsive behaviours and end of life care as some records in these areas did not provide sufficient detail to guide care practices and monitor the outcomes for residents.

Care plans were reviewed every four months or more often if the resident's needs changed. Records showed that residents and/or their families were involved in care plan reviews if they wished to participate.

Care records showed a good level of recording and reporting in key areas such as nutrition and hydration, changes of position and of the daily care given. These records were well maintained and kept up to date throughout the day. The nurse in charge checked the information regularly throughout the day which helped to ensure that any changes in a resident's health or well-being were detected promptly and managed proactively.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening details and information following clinic appointments were available. However this information was stored in a number of different places and was difficult to find in some records and a copy of the transfer form sent with residents was not retained in some records.

There were systems in place to ensure residents' nutritional needs were met, and that fluid and dietary input was recorded for those residents who were identified as being at risk. Residents' weights were checked monthly or more often if significant weight loss was detected.

Menus were available and all residents were offered a choice of nutritious home cooked dishes at each meal time. This included pictorial menus for those residents who had cognitive or communication problems. Residents chose what they wanted to eat at each meal time and requests were accommodated if the resident did not want anything from the menu.

Staff were knowledgeable about each resident's nutritional requirements and the support they needed to take adequate diet and fluids. This included residents who were on modified diets. Textured meals were served as separate items on the plate and portion sizes varied to meet the resident's needs and preferences. Residents having their lunch in the dining room told the inspector that they had enjoyed their meal and that there was always plenty of choice on the menus. This was reflected in the questionnaires that were returned to the inspector.

Some residents chose to take their meals in their bedrooms. Trays were nicely set out with condiments and napkins. Food was kept covered during transit from the kitchen and was served hot.

Residents who preferred to take their meals in a quiet space or who needed more support and supervision were assisted to take their meals in a small dining area in the quiet lounge. Staff offered discreet encouragement and support for residents who

needed assistance with their meals and were careful not to hurry residents.

There were comprehensive policies and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Nursing staff attended annual medication training and had an annual audit of their competency completed by the person in charge. The inspector observed part of the lunch time medication round. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well and was familiar with the residents' individual medication requirements.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre had sustained a number of improvements in relation to staff training and the implementation of safeguarding policies and procedures. There were comprehensive policies and procedures in place for the prevention, detection and response to abuse. Residents told the inspector that they felt safe in the centre and that they could speak to staff or managers if they had any concerns or issues. The inspector observed that those residents who were unable to verbalise their thoughts did not exhibit behaviours associated with fear or distress.

Records showed that all staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. Staff were clear about their responsibility to keep residents safe.

Any incidents or concerns in relation to allegations of abuse had been recorded and were investigated and responded to by the person in charge. However the inspector found that one incident involving two residents had not been notified to the Health Information and Quality Authority as required and in line with the centre's own policy and procedures.

The centre was working towards a restraint free environment in line with national best practice guidance. Where restraints were in use staff had completed a risk assessment and the resident and/or their families were involved in the decision to use the equipment. Records showed that alternatives had been trialed with residents prior to use of restraints such as bed rails and lap belts. Restraints were reviewed regularly to

ensure that they were only used in line with the resident's risk assessment and care plan.

There were policies and procedures in place for working with residents who exhibit responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). All staff working in the centre had attended training on supporting residents who displayed responsive behaviours. Staff provided care and services in a calm environment which helped to reduce anxieties and promote meaningful interactions with staff and other residents. On the day of the inspection staff were seen to offer appropriate interactions and support to residents who became agitated or who displayed responsive behaviours.

As required medications were prescribed for a number of residents who displayed high levels of anxiety and/or responsive behaviours. Records showed that as required medications were administered only when staff interactions and distraction techniques had not been successful in supporting and reassuring the resident. Administration of as required medications was reviewed with the resident's GP and was monitored as part of the centre's patient safety and quality management system.

Staff knew residents well and were knowledgeable about the most appropriate interactions that were needed to engage effectively with individuals. As a result care was found to be person centred.

There were clear and transparent systems in place to ensure that residents' finances were safeguarded.

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:

There was evidence that residents were consulted with and that they were encouraged to be as independent as possible and to exercise choice in their daily lives. Staff worked together to ensure that each resident's privacy and dignity was respected when care and services were being provided.

The inspector observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms. Doors were closed and privacy screens were used around each bed. Staff knocked before

entering a resident's bedroom. Staff ensured that residents were given choices about what to wear each day and what jewellery and hair decorations they might want to wear. As a result residents were nicely dressed and well presented.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's ongoing life in the centre. Visitors were in the centre on the afternoon of the inspection meeting with residents in the quiet lounge or in the resident's bedroom.

Residents who spoke with the inspector said that they were able to make choices about how they spent their day, when and where they ate their meals and about what time to get up and go to bed. This was reflected in the questionnaires that were returned to the inspector during the inspection. The inspector observed that some residents chose to stay in bed until late morning and that this was respected by staff. Resident's could take a late breakfast when they got up.

Staff were aware of each resident's preferred daily routines and as a result they were able to anticipate the residents' needs. For those residents who could not verbalize staff were able to recognize when the resident was not enjoying an activity or was feeling uncomfortable. Overall staff demonstrated good communication skills making good use of non verbal techniques such as eye contact, body positioning and careful listening to support residents to communicate their needs and choices.

Since the last inspection the person in charge had introduced a SONAS programme for those residents with higher levels of cognitive needs. Residents with cognitive impairment had been assessed in relation to their ability to participate in meaningful activities from one of four levels of participation. A member of care staff had been trained to provide appropriate meaningful activities for residents using the SONAS programme but they had recently left and had not been replaced at the time of the inspection. As an interim measure all staff were involved in the delivery of activities with residents as part of their daily workload. The person in charge was monitoring the impact this arrangement had on the quality of the activities programme. However the inspector noted that staff had limited opportunities to spend meaningful time with these residents on the day of the inspection but this was partly due to the construction work that was being carried out on the ground floor corridor which prevented these residents from joining the other residents in the lounge areas. The work was due to be completed the following day.

The programme provided activities for physical and mental stimulation such as daily exercise classes, quiz games, art therapy and flower arranging. For residents with higher levels of cognitive impairment the programme included reminiscence sessions, sensory stimulation through hand massage and touch therapy, specialist jigsaws and other puzzles, aromatherapy and dementia specific musical activities.

Seasonal events such as Easter and Christmas and a summer garden party were celebrated throughout the year. Staff worked hard to make these occasions special for the residents.

Residents were encouraged to participate in the activities and entertainments that were

on offer but where a resident declined this was respected by staff.

All residents had access to the enclosed garden for fresh air either independently or with the supervision of staff. Residents made good use of the garden on the day of the inspection.

One member of care staff was allocated each afternoon to walk with a group of residents to the local shops or café.

The provider had organized for residents to have access to an independent advocate in the centre. The advocate was due to visit the centre the following week and would be meeting with individual residents who wished to use the service. Resident meetings were held three monthly and were facilitated by an independent chairperson.

Residents had access to a private telephone and to internet. One resident used the internet to keep in touch with their family who lived at a distance.

There was clear evidence that staff listened to residents concerns and issues and that where possible actions were taken to improve. For example one resident who had advanced dementia had recently requested to smoke cigarettes again and staff had facilitated this through the resident's risk assessment and care plan and in the installation of a wider door to the smoking area in the courtyard.

Judgment:

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 clear complaints process in place to ensure the complaints of residents and their families, including those residents with dementia, were listened to and acted upon. The process included an appeals procedure. Residents and their families were informed about the complaints procedure on admission. The procedure was displayed in a prominent position in the entrance to the centre.

The complaints policy met the regulatory requirements. Residents who spoke with the inspector said that they knew who to speak to if they had any concerns or complaints. This was verified in the questionnaires that were returned to the inspector on the day of the inspection. Five complaints had been recorded since the last inspection. The complaints log showed that complaints were dealt with promptly. Records documented the outcome of the complaint investigation and the satisfaction of the complainant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

Staff had the appropriate knowledge and skill to provide safe and effective care and services for the residents. In line with the actions required from the previous inspection the designated centre had increased the number of health care assistants on the roster from one staff to two staff between 6pm and 7pm. However rosters showed that this reduced to one care staff between 7pm and 8pm. The person in charge monitored the staffing levels in line with resident needs and dependencies. She reported that there was no evidence of negative outcomes for residents such as increased falls or incidents or longer response times to answer call bells as a result of the level of staffing between 7pm and 8pm. This was verified by those residents who spoke with the inspector and reported that they did not wait long periods for staff to respond to their needs.

There were sufficient support staff available including catering, maintenance and cleaning staff. Staff rosters were reviewed in line with fluctuations in resident's needs and dependencies. Arrangements were in place to replace staff to fill unexpected absences. The inspector was told that part-time staff were available to fill unexpected absences and agency staff were not used. This helped to provide continuity of care for residents from staff who knew them well.

The inspector found that staff were empathetic and respectful to residents. Staff were knowledgeable about individual residents life histories and interests and about their current needs and preferences for care and services. Residents appeared comfortable with staff and expressed satisfaction with the care and services that were provided to them. The inspector observed good communications between staff members and that they worked well together as a team. As a result there was a pleasant and relaxed atmosphere in the centre

Staff were up to date in their mandatory training in safeguarding of vulnerable adults and manual handling. All staff had attended fire safety training annually but there was no record of a night time scenario fire drill being carried with two members of staff on duty. There was a training plan in place for 2018 which enabled the person in charge to track when staff were due for update training. Staff reported that that they were provided with opportunities to attend training updates in key areas such as basic

nutrition, falls prevention and infection control. Staff had access to further training in end of life care, responsive behaviours and dementia. All care staff had completed Fetac level 5 module in providing activities for residents.

Staff were supported and supervised in their work by the person in charge and the assistant director of nursing who both worked full time in the centre. The person in charge and the assistant director of nursing provided on call support for staff out of hours and at weekends. Staff who spoke with the inspector said that managers were approachable and that they were available if they had any concerns or issues.

The provider informed the inspector that all staff received Garda vetting before starting employment at the centre. This was verified in the staff files that were reviewed during the inspection. All nurses in the centre were registered with the Nursing and Midwifery Board of Ireland.

All new staff completed an induction period at the start of their employment and worked a probationary period of six months. After this period their performance was reviewed by the person in charge before they were offered a permanent position. Feedback was sought from residents and staff in relation to staff's performance and attitude. Staff had an annual appraisal. As a result staff were clear about what was expected of them in their roles and demonstrated accountability in their work.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The inspector found that overall the location, design and layout of the designated centre met the needs of the residents in a comfortable and homely way. However one of the actions from the previous inspection was not resolved. This related to toilet and bathroom facilities on the ground floor not being situated close to residents' bedrooms.

The designated centre is a two storey house which has been extended and adapted to provide accommodation for 24 residents. The centre is situated close to local shops and amenities and is accessible by public transport routes. Car parking is available on the road at the front of the premises.

The centre does not have a lift between floors. A stair lift is provided for residents. This

information is clearly stated in the centre's statement of purpose. On the day of the inspection the inspector noted that all residents accommodated on the first floor were independently mobile and able to use the stairs without supervision of staff.

There are six single bedrooms, four twin bedrooms and three multi-occupancy rooms with three or four residents. All bedrooms have hand wash basins, a wardrobe for each resident and a bedside locker. Lockable drawers are made available for residents who wish to use them. All bedrooms have accessible call bell systems for each bed. Comfortable chairs are available for those residents who want one in their room. A number of bedrooms had been redecorated and provided with new wardrobes and drawers since the last inspection.

Residents and their families are encouraged to personalize the resident's bedroom space with pictures, photographs and artifacts from home. As a result some bedrooms are quite individual and residents have organized their personal space to reflect their personal life and interests.

There is a communal shower room and toilet and a separate toilet on the first floor. There is one toilet on the ground floor which is not wheelchair accessible. Two wheelchair accessible toilet/shower rooms are available on the ground floor however one of these is situated off the communal lounge at the rear of the building and is not close to the residents' bedrooms. The accessibility and distance of toilet and bathroom facilities on the ground floor are an outstanding requirement from previous inspections.

Communal facilities included a spacious main lounge area with television, radio and music system available for residents. This area was used for group activities and the musical entertainment on the day of the inspection. The lounge was well used on the day of the inspection. A second communal area is situated close to the nurse's station and provides a quiet space for residents who need a higher level of supervision from nursing and care staff. The walls in this area are decorated with collages and a number of resident information boards displaying pictorial information about the date, weather, today's activities and a thought for the day. These items provide interest and stimulation for residents with cognitive and communication needs who spend time here during the day.

The dining room is small and homely. Tables were nicely laid with flowers and menus. Some residents chose to take their meals in the quiet lounge. Tables were set to accommodate these residents at meal times. Residents told the inspector that they could choose each day where they wanted to sit to have their meals and with whom they shared a table.

Residents were mobilizing around the centre throughout the day either independently or with the support or supervision of staff. Floorings were non slip and grab rails were available along hallways.

The centre is laid out as a domestic home and provides plenty of points of interest and changes in wall colour to assist residents to find their way about the building. New pictorial signage had been installed on toilets and bathrooms on the ground floor. The inspector observed that residents stopped to look at the photographs along the walls. Staff were observed to stop and point out items of interest or where the resident could

be found in the photograph. This often initiated a response from the resident involved about a memory shared.

There is a pleasant enclosed garden available for residents with comfortable seating and tables. The garden leads to a wrap around courtyard and the smoking area. Access to the garden is unrestricted. Residents made good use of the garden on the day of the inspection and were observed sitting and chatting together or participating in the daily exercise session.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann Wallace
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:	Donore Nursing Home
Centre ID:	OSV-0000032
Date of inspection:	02/05/2018
Date of response:	05/06/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Improvements were required in relation to care plans for responsive behaviours and end of life care as a number of care plans did not provide sufficient detail in these areas to guide care practices and to monitor the outcomes for residents.

A number of assessments did not include information about the resident's past life such as their hobbies and other interests for example types of music or sporting interests.

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

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We will ensure that a comprehensive assessment, by an appropriate health care professional is arranged, of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to our Home.

Each Each problem identified during assessments shall be used to create an individual Care Plan.

Within each Care Plan, the following shall be determined:

- Description of Problem.
- Goal of Care.
- Nursing Intervention Required to Achieve Goal (This shall contain a number of steps which shall be individually numbered).
- Date for Re-assessment of Care Plan.
- Date and time of Care plan creation.
- Signature of Staff Member and Resident where possible.

Each resident is consulted with, and participates in, the development of their individual care plan with the multidisciplinary team.

We will ensure all relevant information about the resident's past life such as their hobbies and other interests for example types of music or sporting interests is included in their file.

Proposed Timescale: 05/06/2018

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

Safe care and support

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

One incident involving two residents had not been notified to the Health Information and Quality Authority as required and in line with the centre's own policy and procedures.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

We will comply with all regulations and standards relevant to our service, including those for reporting. We will ensure notifications are reported to the Health Information and Quality Authority as required.

Proposed Timescale: 05/06/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

There is one toilet on the ground floor which is not wheelchair accessible. Two wheelchair accessible toilet/shower rooms are available on the ground floor however one of these is situated off the communal lounge at the rear of the building and is not close to the residents' bedrooms. The accessibility and distance of toilet and bathroom facilities on the ground floor are an outstanding requirement from previous inspections

3. 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:

The clinical team is satisfied that there are adequate toilets on the ground floor, The residents on the ground floor in front of the house are toilet assisted residents, When we consulted with the architect and discovered the dividing wall is over the 50cms. wide and constructed of stone and rouble.it would Cause a major disruption to the building if we move it.

Proposed Timescale: 05/06/2018