Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Ballincollig Community Nursing Unit
Centre ID:	OSV-0000712
Centre address:	Murphy Barracks Road, Ballincollig, Cork.
Telephone number:	021 462 0600
Email address:	ballincollig@mowlamhealthcare.com
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Breeda Desmond
Support inspector(s):	Noel Sheehan
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	96
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 January 2019 07:05	28 January 2019 17:00
28 January 2019 09:50	28 January 2019 17:00
29 January 2019 08:45	29 January 2019 15:50
29 January 2019 08:45	29 January 2019 15:50

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on six specific outcomes of dementia care. In addition, the inspector followed up on progress of the action plan from the last inspection. The inspectors reviewed the completed self-assessment on dementia care questionnaire; the provider's judgments and the inspection findings are set out in the table above. Unsolicited information was received by the Office of the Chief Inspector, and areas highlighted included lack of a person-centred approach to care, poor oversight of fluid and nutrition intake, and an ineffective complaints procedure. These were followed up on this inspection

and were found to be unsubstantiated.

The centre was set out in four 25-bedded units, one of which was a dementia-specific unit. At the time of inspection there were 34 of the 96 residents living in the centre with a formal diagnosis of dementia, and 13 residents with a suspected diagnosis of dementia. Residents' dependencies ranged from low to maximum dependency, with many residents requiring a high level of support due to their dependency and communication needs.

The inspectors found that in general, this was a good service, where the provider, the person in charge and care team were committed to delivering a person-centred approach to care. The governance and management structures in place assured good oversight and support of the service. Residents' autonomy and independence was promoted and people gave positive feedback about their life in the centre. Inspectors met with many residents during the two-day inspection and observed practices that suggested that care was delivered in a relaxed atmosphere with good support from the clinical care team.

Care practices and interactions between staff and residents were observed using a validated observational tool. Inspectors observed that some residents required a high level of support and attention due to their individual communication needs and dependencies. All care staff had responsibility with residents exhibiting aspects of responsive behaviours, and observations demonstrated that staff actively engaged in a positive connective way to enhance peoples' quality of life throughout the day with the exception of meal times. Meal times required significant attention to enhance the otherwise positive experiences of residents observed on inspection.

There were four staff on the activities team and activities were varied and activities staff showed good insight regarding promoting individualised activities to enhance peoples' quality of life.

The inspector reviewed care documentation which was evidenced-based for both clinical and social perspective. The centre was in the process of transitioning to a new documentation system. While the electronic version of care plans had some person-centred information they were not comprehensive, nonetheless, hard-copy records showed additional person-centred information that reflected a holistic insight into each resident. Behavioural support plans were in place that reflected good oversight of residents to enable learning and possibly mitigate recurrences of complex behaviours. Residents had timely access to medical services including out-of-hours services and allied health professionals. There was an in-house physiotherapist and equipped gym for residents and residents gave very positive feedback regarding their exercise programmes, progress and achievements.

Staffing levels were adequate and these were continually monitored in conjunction with residents' dependencies. Residents gave positive feedback regarding staff, their kindness and availability. Staff had access to on-line and in-house training. While there was good oversight of staff training needs, fire safety drills and evacuations required review to be assured of fire safety precautions.

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:
In general, inspectors observed good, kind care and interactions with residents and visitors. Inspectors tracked the journey of residents with dementia and also reviewed specific documentation of care including medication management, restrictive practice and management of responsive behaviours. There were systems in place to optimise communication between residents and families, the acute hospital and the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information was readily available and shared between services.

A designated admissions' nurse was in place to support the 20 plus admissions to the centre per week. This enabled a structured admissions process to aid a smooth transition for residents to become integrated into a unit, and a structure discharge process to enable best outcomes for people being discharged home. The inspector spoke with people admitted for respite care and they outlined the effectiveness of the admissions and discharge planning process in place. There was a designated admissions room by main reception that was decorated in a homely fashion with tea and coffee making facilities and equipment for the admission such a seated weighing scales and blood pressure apparatus; there was information booklets to provide necessary information to the new admission, for example, the resident's guide and pamphlets on advocacy services.

Pre-admission assessments were completed by the person in charge. Documentary evidence showed that residents and their families were involved in planning care and assessing care needs. Assessments were carried out on admission of all residents, including those people with a diagnosis of dementia. Validated assessment tools were used to support assessments and care, and these were comprehensively completed. Care plans were person-centred and timely updated. The person in charge outlined that healthcare assistants had received training and were more involved in updating daily records to ensure residents' information was more comprehensive for continuity of care.

The evidence-based direct observation behavioural tool Antecedent-Behaviour-Consequence (ABC) comprised part of residents' care plans. Behavioural support logs demonstrated good insight to support people with communication needs. Antecedents to behaviours, behaviours and responses to interventions were recorded to alleviate situations and mitigate recurrences. Documentation also included mood descriptors and the degree of engagement with activities which gave a more comprehensive account of residents' welfare. Observation demonstrated that this was understood by staff throughout the day in all interactions except at mealtimes.

Residents had timely access to dietician and speech and language specialists services as part of their health promotion. Weights were completed regularly in accordance with their assessed needs. Reports demonstrated that there was good oversight to residents' nutritional wellbeing and this informed the positive wellbeing activities programme. Residents gave positive feedback about the quality of their meals, the menu choice and choice in where to dine. There were arrangements in place to meet the nutritional and hydration needs of residents including people with a diagnosis of dementia. The handover observed from night duty staff to day staff demonstrated a holistic approach to information sharing, including the fluid and nutritional intake of residents; alternatives to laxatives were a standard part of health promotion for example, prune juice, additional fluids and exercise were recommended to promote better outcomes for residents. The inspector observed breakfast, snack, lunch and supper times on inspection. Overall, the dining experience was at odds with the otherwise positive engagement observed throughout the inspection. Some staff did not engage with residents and others engaged in a perfunctory manner, for example, clothing protectors were donned without seeking peoples' consent. Residents relayed that tables were not set properly and there were no teaspoons; they highlighted that there were long delays and this was validated during the inspection.

Following review of healthcare records and residents' feedback, residents had timely access to health care services. The general practitioner (GP) attended the centre on a daily basis; and residents had good access to psychiatry, dietician, speech and language, dental, ophthalmology, chiropody and tissue viability. Review of medication management charts showed that they were reviewed by the GP on a regular basis and documentation was in line with professional best practice guidelines. All medications to be crushed were individually prescribed. The controlled drugs (CDs) logs were examined. Documentation did not reflect the best practice described by nurses, for example, returned CDs to residents upon discharge was not reflected in documentation; stocks balance brought forward from one page to another was not reflected; when stock was received from pharmacy and added to the existing stock, the time of receipt of drugs was recorded in the 'time of administration'. Review of these recording practices would mitigate the possibility of medication errors.

Wound management was discussed with staff and they demonstrated good knowledge regarding preventative measures as well as treatments regimes for wounds. Various high grade pressure relieving mattresses and cushions were available to residents following assessments.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The person in charge and assistant person in charge were well known to residents and residents reported that they could raise any concerns or issues with management. Night duty handover was observed on one unit and this demonstrated excellent knowledge and holistic approach to care delivery. All care staff were forthright in updating colleagues regarding all aspects of residents' health and wellbeing including food, nutrition, skin integrity, mobilisation, activities and encouragement. The special rehabilitation programme had strengthening, stretching and balance exercises; each resident had a tailor-made exercise programme and this positively influenced peoples' mood and behaviours. Residents gave really positive feedback regarding their exercise programme. For example, one gentleman explained that he was bed-bound for seven years, was now walking, climbing stairs, and balancing independently. The resident highlighted that it was a team effort where the care staff continued the work of the physiotherapist throughout the week; this enabled him to achieve his goal for 2018, to go home for Christmas for two days as he was able to walk with the aid of a walking frame, climb the stairs and use the facilities independently. (The inspector requested his consent to include this in the report as the positive effect of team work and encouragement was inspirational and to have achieved this in such a short period of time).

Training records indicated that all staff had up-to-date training related to protection, dementia awareness and managing behaviour that was challenging. Observations confirmed that staff knew and understood residents and engaged and re-directed residents respectfully.

Policies were in place for safeguarding vulnerable adults including information relating to restrictive practice. All staff had up-to-date training regarding protection of vulnerable adults. There was a positive culture regarding use of restraint and alternatives to restraint to promote better outcomes for residents and there was just one bedrail in use at the time of inspection. Bedrail usage was part of the quality improvement programme and bedrails usage had reduced from 26 down to one in 2018. This was achieved by giving residents information and encouragement regarding bedrail usage; staff were supported on positive risk-taking and reflective practice to enable better outcomes for residents. Psychotropic medication usage also formed part of the quality improvement initiative; ongoing reviews and a holistic approach to resident care resulted in a reduction is PRN psychotropic usage whereby just one resident was prescribed PRN psychotropic medication. Residents with specialist chairs had all been assessed by the

occupational therapist.

Residents had access to three secure courtyards and a walkway around the centre. The inspectors observed that staff encouraged and facilitated residents to go walking as per their choice and daily routine. The days of inspection were cold dry days, and inspectors observed that residents were well wrapped up and undertook their daily walk.

Best practice was noted regarding documentation maintained for pension agent records and petty cash to ensure residents were protected.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
There was a daily programme of activities as well as special events, outings and celebrations. People participated if they wished and their right to not participate was respected, and this was observed on inspection. The premises and facilities therein positively contributed to a relaxed atmosphere in the centre. There were quite rooms on each unit and large communal space on the ground floor and first floor for larger group activities. There was a quiet reflection room alongside main reception and mass was facilitated every Tuesday afternoon.

Residents had access to advocacy services and information relating to advocacy was displayed at main reception and formed part of the residents' guide information booklet. Residents were registered to vote and evidence showed that lots of people voted in the recent elections. Routines and practice promote residents' independence and autonomy. Community participation was supported and encouraged and several residents highlighted their trips to Ballincollig for coffee, shopping and meeting friends. Residents' meeting occurred every two-three months. Minutes showed that lots of issues were discussed, for example, care plans, staffing, complaints, safety, and communication. Residents gave positive feedback regarding consultation and relay of information regarding life in the centre.

While there were four designated staff on the activities team, all care staff had responsibility with the activities programme. There was a daily programme of activities as well as special events, outings and celebrations. People reported that they participated if they wished and their right to not participate was respected and this was observed. Extensive work was evidenced to establish peoples' preferences with large

groups, smaller group and one-to-one engagement. Several activities sessions were observed and these were fun occasions with positive engagement, encouragement while promoting peoples' independence. The premises and facilities therein positively contributed to a relaxed atmosphere in the centre. There were quite rooms on each unit and large communal space on the ground floor and first floor for larger group activities. There was a quiet reflection room alongside main reception and mass was every Tuesday afternoon.

Inspectors used the validated observational tool (Quality of Interaction Schedule – QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. These observations took place in the day room and dining rooms. Each observation lasted 30 minutes. Most interactions observed were positive and kind, where staff positively engaged with residents and adapted their approach to reflect the individuality of each resident including distraction techniques with residents with communication needs and residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPS). However, this positive engagement was not reflected in the dining experiences observed, as discussed in outcome 1.

There were no restrictive visiting arrangements and residents' privacy and dignity was respected when receiving visitors in private. The inspector observed guests visiting in the lounges, residents' bedroom and relaxing in the seating area. Residents relayed that they had access to WIFI which enabled them to maintain contact with their relatives and friends overseas as well as in Ireland; they also highlighted that they had access to net flicks which was invaluable to them.

There was one four-bedded room in each unit. While these four-bedded rooms were allocated to respite residents in three units, the four-bedded room in the dementia specific unit accommodated two long-stay residents and two respite residents. This arrangement was not in keeping with the ethos espoused in the statement of purpose. The size and layout was not conducive to personalising these rooms and as such were not suited to long-stay residents but more suited to short-stay respite people. Cognisant that there was a weekly turn-over of respite residents, this would be very disruptive to people with a diagnosis of dementia. The privacy screening in the four-bedded rooms did not ensure the dignity of residents as they did not fully enclose the individual bed space.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
Residents spoken with said they could raise issues and they would be dealt with appropriately. This was observed on inspection.

There were policies and procedures relating to the management of complaints. This was displayed at main reception and on each unit. Complaints were recorded in line with the requirements set out in the regulations and resolved in a timely manner. It was noted that complaints were differentiated into formal and informal and following discussion with the management, this was changed to reflect 'complaints' without differentiation to prevent barriers to raising issues.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Resources were in place with the appropriate skill mix to meet the assessed needs of residents. Residents spoken with gave positive feedback about staff, their kindness and encouragement. Overall, there was good oversight of training needs to ensure staff had up-to-date training appropriate to their role and responsibility. Staff allocation was decided by the CNM after handover each morning and a senior carer was paired with a junior member of staff to facilitate learning and supervision.

There was a practice development nurse recently appointed and staff gave positive feedback regarding this asset. She supported and mentored staff to enable a person-centred approach to residents' care. The inspector observed that residents and relatives were familiar with staff and conversed freely with them. The inspector met with the deputy person in charge who was knowledgeable regarding the legislation and outlined her responsibilities including audits of care and residents' satisfaction to inform the quality improvement plan. She took an early morning handover from night duty staff to have an overview of the status of each resident to ensure the service was effectively monitored.

A sample of staff files were reviewed and most documentation was in line with the requirements set out in Schedule 2 of the Regulations, however, comprehensive

employment histories were not in place in two files examined. Vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place and documentary evidence showed that references were verified.

Inspectors observed that staff were not supervised appropriate to their role to ensure positive outcomes for residents. For example, one healthcare assistant was observed at mealtime advising staff that all residents wore a clothing protector.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the centre suitable for its stated purpose, it was comfortable, pleasant and homely and appeared to meet the assessed needs of residents. There was dementia-specific signage to orientate residents and allay the possibility of disorientation and confusion. The centre was set out in four 25-bedded units over three floors with stairs and lift access to all floors. Each 25-bedded unit was set out in a rectangle and which provided a safe environment for residents to amble about unobstructed. The units were named after local rivers as follows: Bride unit was on the ground floor and was dementia-specific; Laney and Maglin units were on the first floor; Shournagh unit was on the top floor. Each unit was self-contained with dining room, kitchenette, day room, quite room and seating areas along corridors with views of the enclosed courtyards. Additional communal areas included a lovey oratory by main reception and a large comfortable seating area. The wall separating the oratory from the seating area could be folded back to allow for a much bigger space and mass was held here every Tuesday afternoon. There was also a projector with large screen to host movies here. The gym was accommodated on the ground floor and residents relayed that they loved it. The gym was in the process of being refurbished to include additional equipment and coffee dock for residents' enjoyment. Smoking rooms were located on the ground floor and the first floor and there was an external smoking area outside main reception and residents were observed using this.

Residents' accommodation comprised single, twin and multi-occupancy four-bedded rooms with full en suite facilities and over-head hoist facilities. Assisted toilets, showers and bathrooms were available throughout and conveniently located adjacent to reception areas, communal areas and dining rooms. Residents had access to private storage space including secure storage. Bedrooms were personalised in accordance with individual preferences. Hand rails and grab-rails were available throughout. Overall, the

premises was homely, warm, bright with natural light and pleasantly decorated. Suitable storage for assistive equipment was available to adequately store equipment discretely.

Residents had access to three secure courtyards ranging in size with unrestricted access. Seating, walkways and shrubbery were well maintained.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
Fire safety certification was in place as per regulations. Emergency floor plans were displayed throughout with a point of reference for ease of orientation. Fire alarm testing was completed on a weekly basis. Personal emergency evacuation plans were completed for all residents and this information was available in bedrooms as well as held centrally. The records of fire drills showed timed actions and analysis of the drills and remedial actions taken; staff spoken with were knowledgeable regarding evacuation procedures. While some fire drills and evacuations were undertaken on each unit, both day and night times, these were not undertaken on a routine basis to provide robust assurances.

Good hand hygiene practices were observed; there was advisory hand hygiene signage throughout. Effective cleaning regimes and practices were observed mostly, with the exception of kitchenettes. Some food items in the fridge in one kitchenette did not have labels with dates or food types in accordance with best practice guidelines to safeguard residents, and ensure people received their menu choice. One waste bin was visibly unclean and another was broken and was used to maintain the door of the kitchenette ajar.

The doors to dirty utility rooms had ineffective closures enabling unauthorized entry; this was a risk as clinical waste was stored there.

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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Ballincollig Community Nursing Unit
Centre ID:	OSV-0000712
Date of inspection:	28/01/2019

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:
Overall, the dining experience was at odds with the otherwise positive engagement observed throughout the inspection. Some staff did not engage with residents and others engaged in a perfunctory manner. Residents relayed that tables were not set properly and there were no teaspoons; they highlighted that there were long delays and this was validated during the inspection.

1. Action Required:
Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate

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

quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
A review of the residents' dining experience has been undertaken, along with a reassessment of the work flow and rosters of the catering staff rosters and their availability in the pantry areas at mealtimes, to ensure that residents have a choice of mealtime, particularly at breakfast. The allocation of staff has been reviewed to ensure that staff are readily available to assist residents as required, as well as providing supervision and increased opportunity for positive engagement with residents.
The Dining Audit has been used as a guide to achieve a resident centred service with specific attention to presentation and detail.

Proposed Timescale: 25/02/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The controlled drugs (CDs) logs were examined. Documentation did not reflect the best practice described by nurses, for example, returned CDs to residents upon discharge was not reflected in documentation; stocks balance brought forward from one page to another was not reflected; when stock was received from pharmacy and added to the existing stock, the time of receipt of drugs was recorded in the 'time of administration'.

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Training is being provided to all nursing staff, to reiterate the necessity of attention to detail, and adherence to legislation, with regard to controlled drug documentation.
The controlled drug logs are being reviewed to improve clarity and ease of use.
The CNM will monitor compliance with the documentation on a regular basis.

Proposed Timescale: 31/03/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was one four-bedded room in each unit. While these four-bedded rooms were allocated to respite residents in three units, the four-bedded room in the dementia

specific unit accommodated two long-stay residents and two respite residents. This arrangement was not in keeping with the ethos espoused in the statement of purpose. The size and layout was not conducive to personalising these rooms and as such were not suited to long-stay residents but more suited to short-stay respite people. Cognisant that there was a weekly turn-over of respite residents, this would be very disruptive to people with a diagnosis of dementia.

3. Action Required:
Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

Please state the actions you have taken or are planning to take:
Due to requirements to facilitate two respite female residents and two respite male residents in the dementia unit, it is not possible to use the four-bedded room for short term residents exclusively.
The four-bedded room in the dementia unit will no longer be used to accommodate respite residents. It will be used for four long term residents, taking into account their individual needs, suitability and preference for a shared room. This will ensure a more stable environment for these residents and will facilitate improved personalisation.

Proposed Timescale: 30/04/2019

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The privacy screening in the four-bedded rooms did not ensure the dignity of residents as they did not fully enclose the individual bed space.

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

Please state the actions you have taken or are planning to take:
The privacy screening in the four bedded rooms screens the residents' beds completely and maintains their privacy and dignity effectively.

Proposed Timescale: 26/02/2019

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Inspectors observed that staff were not supervised appropriate to their role to ensure positive outcomes for residents. For example, one healthcare assistant was observed at mealtime advising junior staff that all residents wore a clothing protector.

5. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
A review of the Dining experience has been undertaken. An improved service has been introduced to ensure that the dining experience is a pleasant and unhurried social occasion for each resident; supervision, guidance and direction is provided by the CNM and/or Nurse in charge.

Proposed Timescale: 15/02/2019

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A sample of staff files were reviewed and most documentation was in line with the requirements set out in Schedule 2 of the Regulations, however, comprehensive employment histories were not in place in two files examined. Vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place and documentary evidence showed that references were verified.

6. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
A review of staff files has taken place and historical gaps in CV's have been addressed and completed.

Proposed Timescale: 28/02/2019

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The doors to dirty utility rooms had ineffective closures enabling unauthorized entry;

this was a risk as clinical waste was stored there.

7. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Sluice room closure devices were adjusted on the day of inspection and rectified immediately.

Proposed Timescale: 28/01/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some food items in the fridge in one kitchenette did not have labels with dates or food types in accordance with best practice guidelines to safeguard residents, and ensure people received their menu choice.

One waste bin was visibly unclean and another was broken and was used to maintain the door of the kitchenette ajar.

8. 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:
A review of catering staff rosters has taken place and changes made to facilitate the presence of a Dining assistant in each dining room. Staff training is being undertaken to address deficiencies with quality of dining room preparation and pantry management, including review of HACCP requirements as per mandatory training.
Pantry bins will be replaced in all pantries.

Proposed Timescale: 28/02/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While some fire drills and evacuations were undertaken on each unit, both day and night times, these were not undertaken on a routine basis to provide robust assurances.

9. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
A standardised template for documenting Fire Drills and a schedule to facilitate monthly day time drills and quarterly night time drills has been introduced to ensure robust assurances in relation to fire drills.

Proposed Timescale: 28/02/2019