

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Glenashling Nursing Home
<b>Centre ID:</b>	OSV-0000040
<b>Centre address:</b>	Oldtown, Celbridge, Kildare.
<b>Telephone number:</b>	01 627 2694
<b>Email address:</b>	gavigang@iol.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Garry Gavigan
<b>Lead inspector:</b>	Ann Wallace
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	72
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

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: 18 May 2018 09:30 To: 18 May 2018 17:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant
Outcome 05: Suitable Staffing	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant

**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 and other relevant information. Inspectors found that the actions in relation to fire drills, storage of medicines and premises had been completed. The actions in relation to recording of activities and end of life care had not been adequately addressed at the time of this inspection.

The provider had completed a self- assessment on the provision of dementia care which the centre had submitted to HIQA in March 2018. The provider had assessed the centre as compliant for two of the six outcomes in relation to complaints and staffing. Outcomes in relation to safeguarding, residents' rights, dignity and consultation and premises had been assessed as substantially compliant and one outcome in relation to health and social care needs had been assessed as being moderately non-compliant. The provider had outlined a clear action plan to improve the centre's compliance in each of the areas. At the time of the inspection a number of actions had been completed at the time of the inspection however improvements were still required in relation to care plans, activities and monitoring responsive behaviours (how people with dementia or other conditions may communicate or

express their physical discomfort, or discomfort with their social of physical environment).

The inspectors found that there were sufficient numbers of staff with the appropriate knowledge and skills to provide care and services for the residents. Care and services were found to be in line with the centre's statement of purpose. Staff knew the residents well and care was found to be person centred. The inspectors spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

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) and specialist medical services were available when required including access to the consultant in older person's medicine and consultant psychiatry.

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 clothing and personal possessions. The centre was homely and was nicely decorated and well maintained.

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. 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):**

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

**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. 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). The GP reviewed each resident's medication every three months or if their health changed. Out of hours medical services were organized for after 6 pm and at weekends. Specialist medical services were available including access to a consultant in older person's medicine and consultant psychiatry.

Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

The inspectors 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 resident's 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 however the inspectors found that the care plan for one resident who had been admitted within the previous seven days had not been completed.

Overall care plans were clear and reflected the residents' current needs however end of life care plans did not provide sufficient detail to direct the end of life care to be delivered in line with the resident's wishes. This was an outstanding action from the previous inspection.

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.

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 well maintained and easily accessible.

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. However the inspectors found that where one resident had been prescribed nutritional supplements this was not reflected in the resident's nutritional care plan.

The catering team prepared a range of dishes at each meal time. Residents were offered a choice at each sitting and 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 could take their meals in one of the three dining rooms or in their bedroom if they preferred. Residents told the inspector that they enjoyed their meals and that there was always a choice on the menu. Staff were available to offer encouragement and support for residents who needed assistance with their meals.

There were comprehensive policies and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Nurses attended annual medication training and had an annual audit of their competency. The inspectors observed part of the morning 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. Details of all medicines administered were correctly recorded in the resident's records however one controlled drug medication did not have the resident's details correctly displayed on the medication packet. This was resolved by the pharmacy at the time of the inspection.

Prescribed medicines were regularly reviewed by the resident's general practitioner (GP). Medicine audits were conducted in the centre and a process for recording medication errors was in place.

**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:**

Inspectors found that procedures were in place to safeguard and protect residents from abuse. Residents told the inspectors that they knew who they could speak too if they had any concerns or complaints. The inspectors 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 inspectors 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. The provider and the person in charge were aware of their responsibilities to investigate any concerns raised in relation to allegations of abuse and the requirement to notify the relevant authorities where such an incident occurred.

The use of restraints was monitored and reviewed regularly and there was clear evidence that the provider was working towards a restraint free environment. Records showed that alternatives had been trialled with residents prior to installing bed rails, wander guard bracelets and sensor pads. 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.

The inspectors reviewed the centre's policy on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The policy described the types of responsive behaviours and the approaches that should be used for identifying causes of responsive behaviours. All staff had received training in the management of responsive behaviours.

Staff who spoke with the inspectors were familiar with which residents might display responsive behaviours and were able to describe the triggers for such behaviour and the most appropriate way to respond to support and reassure the resident when these incidents occurred. However inspectors found that some incidents of responsive behaviours in relation to one resident had not been recorded on the appropriate monitoring charts.

The person in charge had reported a number of incidents relating to two residents that had occurred in the centre. These incidents had been reported and managed in line with the centre's policies and procedures. The provider and the person in charge had worked with the wider multidisciplinary team to identify possible triggers for these incidents and had put a comprehensive management plan in place for one resident. As a result the frequency of these incidents had reduced at the time of the inspection.

The inspectors reviewed the systems in place to manage residents' money and found

that appropriate measures were in place and implemented to ensure 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):**

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

**Findings:**

Each resident's privacy and dignity was respected by staff and overall inspectors found that residents were facilitated to communicate and to exercise choice over their daily lives at the centre. However improvements were required to ensure that the activities provided for residents with dementia reflected their capacities and interests and that each resident's participation in activities was recorded. This was an outstanding action from the previous inspection. Improvements were also required to ensure that staff interactions with residents with cognitive impairments were positive and connective in their nature.

The centre had a designated activities coordinator who designed the monthly activities programme. The programme included group activities such as cookery, cards and games, SONAS therapies and reminiscence sessions. Music and singing sessions were provided by visiting volunteers and the activity coordinator was researching options for other external providers such as pet therapy. Some residents were able to go into the community and were facilitated to do so including a recent celebration of a resident's birthday.

The activities coordinator met with each new resident to assess their social engagement and meaningful activity needs and preferences. The assessment included a review of their cognitive abilities and their ability to participate in activities. This information was used to inform their care plan on social engagement and activities. For example a number of residents were able to enjoy the SONAS sessions but at different levels of participation.

The inspectors observed that outside of the scheduled group activities there were limited opportunities for residents with cognitive impairments to engage in meaningful activities with staff and as a result residents spent significant time during the day with little to do or to entertain them. Inspectors were informed that care assistants were tasked with ensuring that time was spent with these residents. However inspectors reviewed a sample of activity records for residents with dementia or other cognitive



Impairments and found that entries were not consistently recorded by care staff.

As part of the inspection process the inspectors spent time observing interactions between residents and staff in the lounge areas. Inspectors found that staff were respectful towards residents, addressing them by their preferred name and were careful to obtain the resident's cooperation and consent when offering care and support. However the inspectors observed that a large number of interactions between residents and staff were neutral in nature, especially for less verbal residents. This was in contrast to other examples of positive engagements between staff and residents where staff were seen to take account of the resident's personality and their abilities. On one occasion a member of staff was observed actively listening and encouraging a resident who was confused to chat with them until the resident became calm and was visibly reassured. On another occasion a member of staff invited a resident to play the piano and stayed with the resident to encourage them to continue to play and remain engaged with the task for a short period. This was a pleasant interlude for both the resident and others in the lounge. As a result the inspectors found that positive connective interactions between residents and staff were not consistent and that a number of interactions were neutral or task orientated.

Staff were aware of the different communication needs of residents with cognitive impairments. Resident's communication needs were highlighted in care plans. Residents had access to radio, television, newspapers and WIFI.

The centre has an open visiting policy and visitors were made welcome. During the afternoon a number of visitors were in the centre meeting with residents in the communal lounges or in the resident's bedroom. Residents were also supported to keep in touch with family and friends via telephone and WIFI.

Residents were registered to vote and had the option to cast their vote in elections and referenda in the centre if they wished. Residents were facilitated to exercise their religious practices, and mass were held by the visiting priest on Sundays in the centre.

**Judgment:**

Non-Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a clear complaints procedure in place which was implemented in practice. The procedure included an appeals process. Residents and their families were

informed about the complaints procedure on admission. A copy of the procedure was included in the resident's guide and on notices in a number of locations around the centre.

The complaints process was user friendly. The procedure informed residents and families that the person in charge was the nominated person for managing complaints but that they could speak with another member of staff or the provider if they wished. The provider was nominated as a person to oversee that complaints were managed correctly. The information also included details of the process in place for an independent appeals person and for the office of the ombudsman.

Residents and families who spoke with the inspectors said that they knew who to speak to if they had any concerns or complaints. Records showed that complaints made were dealt with promptly, and there were records available to document the outcome and satisfaction of the complainant.

Minutes of staff meetings and handover reports showed that there were processes in place to learn from complaints; however not all staff were familiar with the need to record minor complaints that were made to them by residents and their families.

**Judgment:**  
Substantially Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were sufficient numbers of staff with appropriate skills and knowledge to provide care for residents with dementia. The planned roster matched the staff on duty. Rosters showed that there were nursing staff available in the centre at all times. There was an on call roster which included the provider, who is a registered nurse, the person in charge and the clinical nurse manager. Staff were aware of who was on call in the centre.

Staff were generally familiar with residents and their needs, personalities and preferences. Staff spoke to residents in a friendly and respectful manner and care and assistance was provided in a discreet and dignified manner.

All staff members active in the centre were up to date on their mandatory training including safeguarding of vulnerable adults, fire safety, manual handling and infection control. Nurses were all up to date in training in medication management and cardio-

pulmonary resuscitation (CPR). All staff also attended training in caring for people with dementia and the management of residents who exhibit responsive behaviours. Staff had also been trained in care planning, dysphasia or swallowing difficulty, and food safety. The service had a clear process for tracking staff training, identifying those due to attend mandatory sessions and scheduling those sessions for those who needed it.

There were policies and procedures in place in relation to the selection and recruitment of staff which were implemented in the centre. Inspectors reviewed a sample of staff files and found them to contain all documentation required under Schedule 2 of the regulations. Nurses had evidence on-site of their current registration with the Nursing and Midwifery Board of Ireland. Regular appraisal and supervision meetings took place in the centre for all staff and records of these were kept. All staff and volunteers working in the centre had Gardaí vetting in place. Volunteers had a written agreement in place which described their role and were supervised in their work with residents with dementia.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

**Findings:**

Overall the premises was designed and laid out to meet the needs of residents. The building was clean and comfortable and kept in a good state of repair.

The centre consists of a two storey premises which was purpose built as a designated centre and has been further extended. The centre is divided into three units. There is a large central elevator to travel between ground and first floor levels. On the day of the inspection residents were observed using the lift with the support and supervision of care staff.

Bedrooms were of a suitable size and layout to meet the needs of residents. Residents and their families were encouraged to personalize their private space with artefacts and photographs from home. As a result a number of bedrooms looked quite different and residents were able to arrange their personal space to suit their tastes and preferences and to support their comfort and wellbeing. There was adequate storage space for residents' belongings. Residents could lock their rooms if they wished to do so. Twin rooms had privacy curtains in place. Staff were observed to use the curtains and to close bedroom doors when providing care for residents. This included using the curtains over the glass panels on bedroom doors. Call bells were available and within reach of

residents' beds.

There were a number of communal areas available for residents. Residents made good use of the communal areas during the day. Quiet seating areas were available along the corridors and a number of residents chose to sit here and watch the comings and goings of staff and other residents. There were an adequate number of wheelchair accessible toilet and shower facilities for the numbers and needs of residents. Pictorial signage was used to clearly identify bathrooms and toilets however better use could be made of signage, colour schemes and cues to support residents with dementia to find their way around the units.

There were a number of residents who smoked and multiple smoking rooms were available, which were suitably equipped to control the risk of fire, and close to staff so that residents could be supervised effectively.

Residents, including those in motorised wheelchairs, were observed mobilising independently around the centre, going to and from their bedrooms or going out to the secure garden or smoking area. Residents who used wander guards as part of their risk management care plan were able to access communal areas including the dining room, smoking area, bathrooms and toilets and their own bedrooms without setting off the alarm. These residents were also able to access the garden areas either independently or with supervision from staff.

Handrails for safe navigation were available on the stairs corridors throughout the building. The corridor leading to the oratory and the activities room did not have a hand rail and this was addressed by the provider through the centre's risk management plan.

**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:***

Ann Wallace  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Glenashling Nursing Home
Centre ID:	OSV-0000040
Date of inspection:	18/05/2018
Date of response:	21/06/2018

### 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:

The care plan for one resident who had been admitted within the previous seven days had not been completed.

#### 1. Action Required:

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

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

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

This care plan has been since completed

**Proposed Timescale:** 21/06/2018

**Theme:**

Safe care and support

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

End of life care plans did not provide sufficient detail to direct the end of life care to be delivered in line with the resident's wishes. This was an outstanding action from the previous inspection.

**2. Action Required:**

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

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

A full audit of End of life care plans has been done.

An educational hand-out was prepared for the nursing staff.

All the nurses are having one to one training with the person in charge with regard to end of life care planning.

**Proposed Timescale:** 31/07/2018

**Theme:**

Safe care and support

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

Where one resident had been prescribed nutritional supplements this was not recorded in the resident's nutritional care plan

**3. Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

This resident's care plan has been updated to reflect the nutritional supplement.

**Proposed Timescale:** 21/06/2018

## **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:**

Some incidents of responsive behaviours in relation to one resident had not been recorded on the appropriate monitoring charts in line with the centre's policies and procedures in relation to responsive behaviours.

**4. 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:**

The current audit tool has been amended to include the monitoring documentation, and will provide more comprehensive information.

The schedule of audit for behaviours will be increased to monthly for the next quarter, to ensure compliance with our policies and procedures.

All Nurses were informed of the need to complete ABC charts for every episode of behaviour that occurs.

**Proposed Timescale:** 30/06/2018

## **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:**

Improvement was required in providing meaningful and personal engagement for residents on a one to one basis, particularly those who would benefit primarily from these individual interactions over group or community activities.

**5. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

There will be allocated time rostered to support the activities co-ordinator.

There will be changes made to the computerised documentation system to allow for a bigger variety of activities to be documented.

We will commence an audit of activities to include those who require one to one activities. This will initially be done monthly and then three monthly.

**Proposed Timescale:** 10/09/2018

**Theme:**

Person-centred care and support

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

Inspectors found that positive connective interactions between residents and staff were not consistent and that a number of interactions were neutral or task orientated.

**6. Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

An observation audit tool will be used by the person in charge or her deputy, to examine interactions between staff and residents. Feedback will be provided individually to staff members to include what they did well and where they can improve.

**Proposed Timescale:** 10/09/2018

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

Not all staff were familiar with the need to record minor complaints that were made to them by residents and their families.

**7. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

A general staff meeting will be held to update current staff members of the need to record and address all complaints made to them by either a resident or their family, and new staff will be informed at the induction stage of the complaints procedure to include the above information.

**Proposed Timescale:** 27/07/2018



## 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:

Better use could be made of signage, colour schemes and cues to support residents with dementia to find their way around the units

### 8. Action Required:

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

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

New signage will be sourced for communal areas, such as bathrooms, gardens and dining rooms and a schedule for painting and re-decorating will be recommenced with a view to making the area more dementia friendly.

**Proposed Timescale:** 10/09/2018