

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	OSV-0000450
<b>Centre address:</b>	Cahilly, Liscannor, Clare.
<b>Telephone number:</b>	065 708 1555
<b>Email address:</b>	desdemonasmith@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Smith Hall Limited
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	3

## **About Dementia Care Thematic Inspections**

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
29 May 2018 09:00	29 May 2018 16:00
30 May 2018 09:00	30 May 2018 14:00

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

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

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care

Settings for Older People in Ireland.

While this centre does not have a dementia specific unit the inspector focused on the care of residents with a dementia during this inspection. Nine residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

Improvements were required to ensure that the social care needs of residents were assessed and individualised care plans put in place to reflect those assessments. Further enhancements were required to ensure that residents had the choice of spending time outside, were offered a choice and range of appropriate recreational and stimulating activities including outdoor activities and ensuring that residents including residents with a dementia or cognitive impairment were consulted with and represented at residents' committee meetings.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The centre was single storey and purpose built, it was found to be clean and well maintained. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Improvements were required to fire safety management, assessing and meeting the social care needs of residents, ensuring residents could exercise choice, including access to the outdoors, servicing of hoists and infection control.

These areas for improvement are discussed further throughout the report and in the action plan at the end of the report.

**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:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had some opportunities to participate in activities, however, further enhancements were required to ensure that the social care needs of residents were assessed and individualised care plans put in place to reflect those assessments.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector reviewed a sample of medication prescription and administration charts and noted that medications were regularly reviewed and administered as prescribed.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, functional behaviour and pain.

The inspector noted that care plans were in place for all identified healthcare issues. An

informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling body temperature, breathing. Specific care plans were in place for some residents which outlined guidance for staff in relation to issues such as such as anxiety, end of life care, communication, risks including falls, use of psychotropic medicines and use of bedrails. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of resident and or relative involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date health care needs.

However, the social care needs of residents were not formally assessed and there were no care plans in place to reflect residents' individual interests, hobbies and life stories.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. The inspector was shown the transfer letter template which included areas to record appropriate information about their health, medications and their specific needs. The person in charge told the inspector that residents with a dementia were always accompanied by either a family or staff member when needing transfer to hospital.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident and inform the GP. Referrals would be made to the dietician and speech and language therapy (SALT) if appropriate. A small number of residents were prescribed nutritional supplements which were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets.

There was a large colourful pictorial menu board which clearly displayed what food choices were available for each meal. Mealtimes in the dining room were unhurried social occasions. The dining room was bright, spacious and airy. Table settings were attractive and in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

The inspector noted that there was a low level of falls in the centre. The inspector reviewed the file of a resident who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. Nursing management reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds were in use for some residents while other residents at high risk of falls were accommodated in bedrooms close to the nurses office for additional supervision. The inspector noted that the communal areas were supervised by staff at all times.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There were no residents with pressure ulcers at the time of inspection. The inspector reviewed the file of a resident

who had been admitted to the centre with a chronic leg ulcer which had since completely healed.

Staff provided end of life care to residents with the support of their GP and nurse manager was a qualified palliative care nurse practitioner. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Some staff had undertaken training in end of life care.

**Judgment:**

Non Compliant - Moderate

***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 provider and management team had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Staff spoken with were clear regarding their responsibilities and the person in charge was clear regarding her role.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a reduction in the use of bedrails, there were seven residents using bed rails at the time of inspection, three at the residents own request. The inspector reviewed a sample of files of residents using bedrails and found that risk assessments detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines. The inspector observed this taking place in practice. Nursing staff spoken with were clear they needed to consider the reasons

people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

Nursing staff told the inspector that there were no residents who presented with behaviours that challenged at the time of inspection but that there were some residents who became anxious and restless at times. The inspector reviewed a sample of files of residents presenting with anxiety and noted that comprehensive care plans were in place to guide staff. There was evidence of regular review by the General Practitioner (GP), regular reviews of medications as well as access and referral to psychiatry services.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. The inspector was informed by nursing staff that they were only administered occasionally. However, the inspector noted that there was no clear rationale documented following the recent the administration of 'as required' psychotropic medications contrary to the restraint policy and the centres own protocols.

Many staff spoken with and training records reviewed indicated that most staff had attended recent training on dementia care, management of behaviours that challenged and restraint.

The inspector was satisfied that robust systems were in place for the management of residents finances. The person in charge told the inspector that residents finances were not managed in the centre, however small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident detailing all transactions. Two signatures were recorded for each transaction. Regular audits were carried out by a nurse manager.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of the staff.

**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:**

While the rights, dignity and privacy of residents was well respected by staff, some enhancements were required to ensure that residents had the choice of spending time outside, were offered a choice and range of appropriate recreational and stimulating activities including outdoor activities and ensuring that residents including residents with a dementia or cognitive impairment were consulted with and represented at residents committee meetings.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. The hairdresser visited regularly and many residents availed of the service.

Residents and relatives spoken with were complimentary of staff and the care provided.

Bedroom and bathroom doors were closed and screening curtains were in place in shared bedrooms when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Improvements were required to the storage of personal toiletries in shared bathrooms to ensure that individual toiletries and hair brushes were appropriately stored for individual use.

Residents' religious and political rights were facilitated. The residents recited the rosary each morning following breakfast, the Eucharistic minister visited and offered Holy Communion twice a week and the local priest visited and celebrated Mass weekly in the centre. Many residents spoken with stated that they enjoyed partaking in religious ceremonies. Residents were facilitated to vote and staff confirmed that some residents had voted in-house in the recent referendum.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. There was a large, bright and comfortable visitors' room provided. Relatives spoken with stated that staff were friendly and welcoming.

Staff were observed offering choice such as choice of preferred drinks and preferred meal option, choice of having meals in their bedroom or dining room. Improvements were required to ensure that residents had the choice of spending time outside in the secure patio area. During the first day of inspection, the inspector noted that residents did not have independent access to the enclosed patio area as the doors leading to same were closed and connected to the fire alarm system. On day two of the inspection, the doors were open and had been disconnected from the alarm system and a number of resident's were observed spending time outside in the sunshine. This is further discussed under Outcome 6: Premises.

The inspector noted that while residents' committee meetings were held, they were infrequent and were not independently facilitated. A nominated person or relatives were not in attendance to represent residents with dementia or cognitive impairment.

Improvements were required to ensure that residents were offered a choice of appropriate recreational and stimulating activities based on each residents preferences, interests, past activities and are informed by and recorded in individual care plans. There was a part time activities coordinator employed for six hours a week, she attended the centre on Tuesdays and Thursdays. Therefore, there was a limited range of meaningful and interesting activities on the other days of the week. The activities coordinator had not received training to support the activity programme. The activities coordinator carried out group and individual activities with residents, including chair exercises, skittles, quizzes and newspaper reading. Some residents were observed to enjoy listening to the local radio station, traditional music recordings, reciting the rosary and having individual hand and nail treatments. Many residents spoke of enjoying the weekly mass which was celebrated in the centre. Residents and staff spoken with told the inspector that there was limited outdoor activities, residents were not involved in activities such as gardening and had limited access to outdoor space. The person in charge advised that she regularly brings individual residents on outings to the local coffee shops and nearby beach. The inspector observed staff encouraging residents to move around and having conversations. During this time the staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact.

At the feedback meeting held at the end of the inspection, the provider representative informed the inspector that additional hours would be allocated to the activities coordinator in order to enhance the provision of activities forthwith and that the activities coordinator had been scheduled to attend a creative arts workshop with the aim of enhancing the activities schedule.

**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:**

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspector reviewed the complaints log, there were a small number of complaints recorded to date for 2018, all had been addressed and there were no open complaints

at the time of inspection. However, information had been received by the Authority that issues of concern had been brought to the attention of the provider by a relative in November 2017. While the inspector was assured by the person in charge that the concern had been managed appropriately, this particular complaint had not been documented in line with centres complaints policy.

**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:**

The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents.

There was normally one nurse and three care assistants on duty during the morning and afternoon, one nurse and two care assistants on duty in the evening time until 22.00 hours and one nurse and one care assistant on duty at night time. An additional care assistant came on duty at 6.00am. The person in charge, the assistant director of nursing and quality care assurance nurse manager were normally on duty during the day time. There was a member of nursing management on duty each day including at weekends to supervise the delivery of care. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

The staffing complement included a part-time activity coordinator, catering, housekeeping, administration and maintenance staff. Many of the care staff spoken with were from the local area, had worked in the centre for several years and they knew the residents well. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, dealing with behaviours that challenge, infection control,

medication management, end of life care and food safety.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre.

**Judgment:**  
Compliant

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

**Theme:**  
Effective care and support

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

**Findings:**

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promoted the dignity, well being and independence of residents with a dementia.

The centre was purpose built and single storey. Residents were accommodated in both single and twin bedrooms.

There was a variety of communal day space including a large bright dining room, conservatory and day room, seating was also provided at the entrance foyer area. The communal areas were suitably furnished, the décor was attractive with a domestic homely style. There was a large bright comfortably furnished visitors' room.

Safe floor covering was provided to corridors which were wide, bright and allowed for freedom of movement. There were pictures positioned on the corridors at eye level for residents to engage with. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit, with lots of natural light in the all areas.

All bedrooms were seen to be personalised. Many residents had their own pictures, framed photographs and ornaments. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage for clothes and other personal belongings. The rooms also had enough space for equipment such as hoists to be used.

Call bells were accessible in all bedrooms and bathrooms.

There were contrasting colours to grab rails and toilet seats in bathrooms to help residents with dementia orientate better.

There was a range of equipment in the centre to aid mobility. Staff records showed that staff had completed manual handling training in relation to the equipment available in the centre. Service records of equipment in the centre were generally up to date, however, the hoists had not been recently serviced which posed a risk to residents.

There was paved, enclosed garden patio area available however, as discussed under Outcome 3: Residents rights, dignity and consultation, it was difficult for residents to independently access this outdoor area area. There was no outdoor furniture available for residents use.

Each bedroom had a picture of residents choice on their door, the aim of these were to provide visual cues for people to recognise their own bedroom. The quality care assurance nurse manager told the inspector that she was currently reviewing signage with a view to enhancing same for residents with a dementia.

**Judgment:**

Non Compliant - Moderate

***Outcome 07: Health and Safety and Risk Management***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

While the inspector did not inspect specifically against this outcome, issues of concern were noted regarding fire safety and infection control.

While the provider had recently upgraded the fire alarm system and regular fire drills were carried out, records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire. For example, the records did not include details of the time, location and outcome of the drills.

The inspector had concerns that some of the smoke seals on the compartment fire doors located on the corridors in the older section of the building would not be effective in the event of fire as they had been painted over.

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. The inspector observed that the building was maintained in a clean condition throughout. Staff had completed recent infection control training, however, hand towels were in use in

communal and shared bathrooms contrary to best practice in infection control.

**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:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	OSV-0000450
<b>Date of inspection:</b>	29/05/2018 and 30/05/2018
<b>Date of response:</b>	19/07/2018

#### 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 social care needs of residents were not formally assessed.

**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

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

person's admission to the designated centre.

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

While health and personal needs are fully assessed prior to or on admission the social care needs are only minimally assessed. All residents will be issued with a personal history booklet and this will be completed over time as we become familiar with the resident and their family.

**Proposed Timescale:** 12/07/2018

**Theme:**

Safe care and support

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

There were no care plans in place based on the assessed social care needs of residents to reflect individual interests, hobbies and life stories.

**2. Action Required:**

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

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

As above life story booklets have been ordered and a minimal social care needs plan will be completed on admission with a more comprehensive plan developed over time.

**Proposed Timescale:** 28/07/2018

**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:**

There was no clear rationale documented following the administration of 'as required' psychotropic medications contrary to the restraint policy and the centres own protocols.

**3. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A PRN medication sheet has been placed in the drug administration folder for all residents on such medications. This will provide an immediate reference point in which



to document the actions taken and need for such medication. This will complement the current practice of documenting in resident's nursing notes all PRN medications.

**Proposed Timescale:** 28/06/2018

### **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:**

There was a part time activities coordinator employed for six hours a week, she attended the centre on Tuesdays and Thursdays.

Therefore, there was a limited range of meaningful and interesting activities on the other days of the week.

**4. 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:**

As per numbers 1 and 2 more meaningful activities will be provided once full assessment of social care needs is addressed. The activities coordinator's hours have been increased to enhance activities. A specific activities course has been booked in Milford Hospice to provide training for our coordinator.

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

**Theme:**

Person-centred care and support

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

Improvements were required to ensure that residents had the choice of spending time outside in the secure patio area.

**5. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

The door giving access to outside patio area will be isolated from the alarm panel in order to ensure that residents have the choice of spending time outside.

**Proposed Timescale:** 28/06/2018

**Theme:**

Person-centred care and support

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

Residents committee meetings were held infrequently and were not independently facilitated. A nominated person or relatives were not in attendance to represent residents with dementia or cognitive impairment.

**6. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Resident's meetings will be facilitated more frequently with a greater input from families of residents suffering from dementia or cognitive impairment. It is planned that the meetings will be chaired by the activities coordinator.

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

**Theme:**

Person-centred care and support

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

Improvements were required to the storage of personal toiletries in shared bathrooms to ensure that individual toiletries and hair brushes were appropriately stored for individual use.

**7. Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

All items found in shared bathrooms were removed to the residents' lockers on the day of the visit. This was an oversight and not common practice. It has been reinforced with all staff that all residents retain control of their personal items.

**Proposed Timescale:** 28/06/2018

**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:**

A written complaint received in November 2017 had not been documented in line with centres complaints policy.

**8. 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:**

As discussed on the day of the visit this particular complaint was fully dealt with and all documentation was shown to the inspector. A new policy for residents attending appointments was implemented at the time and is in the Policy and Procedures Manual and discussed with all staff at the time. This was not transferred to the complaints folder but had now been included.

**Proposed Timescale:** 28/06/2018

**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:**

The hoists had not been recently serviced which posed a risk to residents.

**9. 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:**

Annual maintenance checks are completed on all hoists but this will now be revised to 6 monthly checks in line with regulations. Last maintenance check was completed on 31 May 2018.

**Proposed Timescale:** 28/06/2018

**Theme:**

Effective care and support

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

There was paved, enclosed garden patio area available however, it was difficult for residents to independently access this area. There was no outdoor furniture available for residents use in the enclosed outdoor area.

**10. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Custom made outdoor furniture has been ordered and is awaiting delivery.

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

**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:**

Hand towels were in use in communal and shared bathrooms contrary to best practice in infection control.

**11. 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:**

Paper towels are in use in all bathrooms but 2 shared bathrooms also had a cloth hand towel these have since been removed. All staff have been reminded of the standards required for prevention and control of healthcare associated infections.

**Proposed Timescale:** 28/06/2018

**Theme:**

Safe care and support

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

The inspector had concerns that some of the smoke seals on the compartment fire doors located on the corridors in the older section of the building would not be effective in the event of fire as they had been painted over.

**12. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

New fire seals have been ordered and awaiting delivery.

**Proposed Timescale:** 24/07/2018

**Theme:**

Safe care and support

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

Fire drill records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire. For example, the records did not include details of the time, location and outcome of the drills.

**13. 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:**

Fire drills have been carried out in accordance with policy and haven been reviewed recently by our local Fire Officer. Outcome of these drills will in future be more comprehensively documented. Desdemona Smith and Andrew Smith have completed a Train the Trainer course for Fire Training ( 12.06.18 ) and will oversee the fire drills.

**Proposed Timescale:** 17/07/2018