

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbey Haven Care Centre & Nursing Home
Centre ID:	OSV-0000738
Centre address:	Carrick Road, Boyle, Roscommon.
Telephone number:	071 967 0111
Email address:	info@abbeyhaven.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mulryan Construction Limited
Provider Nominee:	Danny Mulryan
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	61
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 November 2016 11:30 To: 21 November 2016 17:30

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

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care practice. As part of the thematic inspection process, providers were invited to attend a seminar to inform them about the associated inspection process and evidence-based guidance was developed to provide information on best practice in dementia care. Prior to this inspection, a self assessment document was completed by the person in charge. The service provided was reviewed against best practice standards, 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. The service was judged to be complaint or substantially compliant across the outcomes and the inspectors' findings confirmed these judgments.

The centre can accommodate 62 residents who require long term care and who predominantly have problems associated with old age, dementia or who have convalescent, rehabilitation or palliative care needs. Residents with dementia are

integrated with the overall resident population in the centre. Approximately half of the resident group had problems associated with dementia when this inspection took place.

The centre is located in a residential area a short drive from the town of Boyle. The centre is a modern purpose built single storey facility. It has many features that enhance care practice such as wide hallways, spacious communal areas and a well cultivated secure garden area. The atmosphere in the centre was warm, relaxed and comfortable. There were several communal areas where residents could spend time and engage in activity or spend time quietly and residents were noted to use the varied communal spaces throughout the day. There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was signage in some areas to assist residents locate areas such as toilets and sitting rooms however this required further development to support residents in sustaining independence.

All areas were attractively furnished and decorated in a home like style. There was good use of colour on walls and in features such as pictures which added visual impact and provided a focus for residents with dementia or people who had sensory problems. Bedrooms are single or double occupancy and exceed the minimum space specifications. Rooms viewed were noted to be personalised with items such as photographs, ornaments and books.

Inspectors met with residents and varied members of staff during the inspection. They tracked the journey of residents with dementia within the service and examined aspects such as nutrition, wound care and falls prevention in relation to other residents. They observed care practices and interactions using the validated observation tool, the quality of interactions schedule, (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in different communal areas and included times when scheduled activity was underway. Inspectors also reviewed documentation such as care plans, staff training records, medical records and the complaints record. An inspection of the layout of the building was also undertaken.

The inspectors found that interactions between staff and residents were positive and meaningful throughout the day. Staff were noted to greet residents warmly when they entered rooms. They engaged them in conversation during their varied contacts for example when encouraging them to participate in the activity programmes, when administering medication and during personal care activity. Comments from residents and visitors who spoke to the inspectors were positive. The care provided by staff, the accommodation provided and the availability of staff were some of the areas that were valued. The inspectors found staff had good knowledge about the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. They were observed to sit at eye level when speaking to people and when assisting them with personal care to ensure residents could see and hear them speaking to them. There were adequate numbers and an appropriate skill mix of staff on duty and all had up to date training/refresher training

on the mandatory topics of moving and handling, fire safety and adult protection.

In the pre-inspection self assessment document, the provider's judgement of substantial compliance reflected the inspectors' judgement in relation to health and social care needs. The inspectors found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard. There were comprehensive assessments of residents' care and social needs and care plans were sufficiently detailed to guide care practice in an informed way. There was a comprehensive programme of social care and residents' interests, hobbies and backgrounds were recorded and used to inform the activity schedule. The inspectors found that there was good emphasis on promoting independence and ensuring that residents maintained their mobility and optimum level of cognitive function. Residents were prompted by staff to mobilise regularly and to observe what was happening in the garden. The residents had an active role in choosing their social care opportunities. Some activities selected were purposeful as well as entertaining such as the craft group that made items for the children's unit of a local hospital and other decorative items that were sold to generate money for trips and events.

There were policies and procedures in place to safeguard residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any situation that could be considered as abuse.

There was a high level of compliance across the outcomes inspected. Actions identified for attention are described in the Action Plan at the end of this report 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. The areas that required attention included the communication policy which provided guidance on the information to be provided to residents on admission but did not guide staff on how to assist residents who have impaired communication pathways, the daily records which did not always convey the significant input provided by staff to address residents' care needs and improvements to signage so that it is meaningful and supports residents' understanding for example the prevalent use of closed circuit television needed to be highlighted more clearly and areas such as the dining room also needed more identification to assist residents with finding their way around. The responses to the actions outlined in the report of the last inspection which was also unannounced and was conducted on 29 September 2015 were reviewed and were noted to be appropriately addressed except for the signage advising of the CCTV which is repeated in this 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:

This outcome sets out the inspection findings relating to healthcare, assessment of care needs, care planning and nutrition management. The social care of residents including residents with dementia is discussed in Outcome 3.

There were 61 residents in the centre on the day of this inspection. Eight residents had been assessed as maximum dependency, twenty three residents had high dependency needs, sixteen had medium care need and eleven had low dependency care needs. The remaining three residents were assessed as largely independent. The centre mainly accommodates residents on a long term basis and provides convalescence and palliative care when needed. Approximately half of the resident group had a diagnosis of dementia or some degree of cognitive impairment and some residents had mental health problems of an acute nature.

The inspectors found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard and good practice was identified in the following areas:

- the assessment, care and management of acute phases of mental health problems and documentation of dementia care needs
- the care plans were sufficiently detailed, reviewed regularly and provided appropriate guidance to direct care practice in an informed way and
- social care interests and interventions were outlined well and provided staff with information on which to plan appropriate and stimulating activities.

The inspectors based their judgements on observations of the delivery of care, an examination of care plans, medication records and feedback from residents all of which indicated that care practice reflected evidence based practice. This judgement was also a finding at the previous inspection conducted on September 2015. The inspectors tracked the journey of three residents with dementia and also reviewed specific aspects of care such as the management of mental health problems, nutrition and responsive behaviours.

Inspectors found that residents had varied assessments completed at the time of admission. These included assessments of memory, vulnerability to falls, pressure ulcer risk, health care needs and nutrition requirements completed on admission and these were regularly reviewed at four month intervals or when changes in health care were evident. Residents were provided with pressure relieving mattresses and seating to meet their individual needs where required. Nutritional assessments were completed and dietary supplements and fortified foods added to diets where nutrition was compromised. Pain relief was prescribed and administered with good effect according to records reviewed.

There were systems in place to optimise communications between acute hospitals and the centre. Copies of transfer documentation to and from hospital in residents' files contained a range of information about their health, medications and their specific communication needs.

There were assessments that described dementia or confusion and assessments of cognitive function were routinely completed for residents when symptoms of dementia were evident. The care plans examined were found to describe the good quality care observed and delivered by staff to address residents' needs and they provided adequate guidance for staff to ensure they met the needs identified in a systematic way. For example there were instances when residents required one to one care during an acute phase of illness and this input and the outcomes for residents was described in care plans and evaluations of care plans reviewed by inspectors. Periods of restlessness and emotional distress displayed at times by residents was well understood by staff who said that they talked to residents, provided reassurance and involved them in an activity to alleviate their distress where possible. The inspectors saw these interventions took place with good outcomes for residents however while care plans described residents' overall needs and the required interventions the daily records did not always indicate the degree of input that was provided to ensure safe quality care. For example, when a resident was in an acute phase of illness the varied interventions employed that included the management of responsive behaviours and one to one care were not always explicit in the daily records.

Residents and their families, where appropriate were involved in the care planning process and their contributions to critical decisions in relation to end of life care and active interventions were recorded. Single rooms were available for end of life care and relatives were supported to be with residents during this time. There was space for them to stay overnight and facilities for making beverages were also available. Community palliative care services were available when required.

Residents had access to allied healthcare professionals and were referred for physiotherapy and occupational therapy assessment and treatment when needed. Some residents who had experience of physiotherapy services said that they had been helped greatly by this intervention both at home and in the centre.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration or deficits in nutrition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights

were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements.

There were arrangements in place to review accidents and incidents and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies to guide staff on the ordering, prescribing, storing and administration of medicines to residents. An inspector reviewed the medication arrangements and found the system was secure, that staff were well informed and that medication was reviewed regularly by doctors.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Staff had good awareness of the safety and protection measures in place to ensure that residents were safe and appropriately protected. There were policies in place to guide and inform staff on how to address responsive behaviours including behaviour related to dementia, end stage dementia and mental health problems. Procedures for the management of restraint were also available. Policies were seen to give clear instruction to guide staff practice. Inspectors were told that two residents displayed episodes of responsive behaviours. This was documented in care plans and staff could describe contributory factors such as the presence of infection or non compliance with medication which they monitored to reduce the incidence of behaviour changes. Staff had received training on behaviour changes and this topic was included in the training programme.

There were some bed rail restraints in use as a falls prevention measure and for security. There was evidence from a review of bedrail use that risk assessments were completed and their use was closely monitored. Alternative measures were put in place before a decision to use bedrails was considered. There was no restriction on residents' movements around the centre.

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of

abuse was in place. Staff spoken to by inspectors confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. Staff confirmed that there were no barriers to raising issues of concern and said that the training included how to manage allegations of abuse where residents have dementia or other cognitive difficulties. A policy was in place for the management of residents' personal belongings and valuables and appropriate procedures were in place to safeguard money and property. Records of residents' valuables and property were maintained.

This outcome was judged to be substantially compliant in the self-assessment due to ongoing training for new staff recruited when the assessment was completed. The inspectors found the arrangements in place to be compliant as staff in post had received information and training on topics related to safeguarding and protection. The action plan outlined in the last report in relation to training on safeguarding had been addressed.

Judgment:
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:
Inspectors were satisfied that all residents including residents with dementia were consulted with about the services and facilities in the centre and were enabled to make choices in relation to their daily routines, personal care and lifestyles. Staff described good arrangements for consultation with relatives and families and said they were regularly asked to contribute their views in relation to their relatives' care particularly where residents were unable to communicate their needs and preferences. The contributions and views of residents and family members were recorded in care records. For example, the use of the CCTV system had been discussed with residents. They had been made aware of the areas where it was not present that included the meditation room, library and a dayroom. Residents can use these areas if they do not wish to have visitors in their bedrooms.

There was evidence of a culture of good communication between residents and the staff team. Inspectors observed staff interacting with residents in a friendly manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. They could choose to have meals in the dining room or in another area if they

preferred. During the day residents were able to move around the centre and garden area freely. Staff ensured that when an activity was taking place in one area that residents were all invited and helped to attend if they wished.

Inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The observations took place in sitting rooms and the dining room. Inspectors observed that staff knew the residents well, greeted them when they entered rooms and always engaged in conversation with them. All areas were noted to have a staff presence and staff were readily accessible when residents required assistance. There were examples of positive engagement at several periods during the day. Residents were encouraged to take part in the craft activity according to their ability and others not directly involved were prompted to observe and comment on the work underway. Residents were also prompted to chat in a group and to engage with each other as well as with staff. Residents who had high levels of confusion were prompted and supported by staff to engage in conversation. Staff were observed to exercise appropriate interventions such as talking directly to residents and ensuring that they could see them and what they were saying particularly where residents had difficulty with hearing or vision.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meals at their own pace with minimal assistance to improve and maintain their functional capacity and independence. However, the inspectors noted that the dining room and meal time arrangements did not reflect the high standards of person centred care evident at other times. For example, some residents were observed to have difficulty finding their way to the dining room although some were familiar with the paintings on the wall and said that they used these for guidance. A number of residents went to the dining room early and this meant that they had time to wait before meals were served which could be disorientating where residents were confused. The location of the medication trolley meant that some chairs were not readily accessible at times during lunch.

The centre had a programme of regular activities that was coordinated by activity staff with support from care and nursing staff. Inspectors found there was a varied programme available and this focused on individual and group activities. Music, arts and crafts, reminiscence and bingo were favourite past times residents told the inspectors. There was a regular music event at weekends which was also popular. There was information available on residents' backgrounds, occupations, previous lifestyles and interests that informed the activity programme and activity staff said that some residents took up new interests such as painting that they had not thought they would enjoy. The garden was also a source of considerable interest as it had a hen coop with several hens. It had seating and residents said they spent time outside when the weather was good. They also planted bulbs and plants which were a source of additional interest. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. The centre also had a library and an oratory and these areas were noted to be used well when

residents wanted to spend time quietly or listen to the daily Mass from the local church.

There was a process in place for consultation with residents and their relatives. Inspectors were told by residents that they had regular meetings and discussed topics such as outings, the activity programme, food and seasonal events. They indicated that they were satisfied with the responses to their views and felt they were listened to and valued for their contributions.

Inspectors observed that some residents spent time in their own rooms, reading, watching TV, or taking a nap. Residents were supported and encouraged to participate in family life and some residents went out regularly with families and the majority were supported to attend family events. Residents were encouraged to maintain their independence and to go out alone where this was practical and their usual life style pattern.

The inspectors noted that there was signage to indicate the use of CCTV throughout the centre including in communal sitting areas and the dining room and that the signage had been made more prominent in response to an action plan in the last inspection report. However, the inspectors judged that the use of this equipment needed to be highlighted in a more meaningful way for residents who had vision problems or dementia were as informed as was practically possible in view of the impact this had on their privacy.

An inspector observed the lunchtime meal and found that the arrangements in place could be improved to enhance the experience for residents. It was observed that some residents came to the dining room early and although assisted by staff they waited some time before meals were served which could be disorientating for residents who had confusion and expected food to be available once in the dining room. Also access to dining chairs was restricted by the location of the medication trolley. Despite this there was good interaction between staff and residents while the meal time progressed.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints procedure that met the regulatory requirements of Regulation 34- Complaints procedures was in place to ensure the complaints of residents, their families or next of kin were listened to and addressed. The procedure was displayed in the reception area. Residents told an inspector that they felt they could express any

dissatisfaction to the staff and said they were confident their concerns would be addressed.

Records showed that complaints made to date were investigated and resolved to the satisfaction of the complainant. There were no complaints being investigated when the inspection took place. An action plan in the last report required a revision of the complaints procedure so that it reflected up to date information on staff dealing with complaints and the appeals procedure and this had been addressed.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

The inspectors examined the staff duty rota for a two week time span. The rota showed the staff complement on duty over each 24-hour period. The inspectors noted that the planned staff rota matched the staff numbers and skill mix on duty and were satisfied that staff allocations were appropriate to meet the needs of residents during the day and at night. This judgement was based on observations of care practice, staff interventions, feedback from residents and the availability of social activity. There were four nurses and seven carers on duty during the day in addition to the person in charge, activity, catering, administrative and household staff. There were two nurses and two carers on night duty. Systems to support communication between staff to enable them to provide safe and appropriate care were in place. There were daily handovers to ensure good communication and to promote the continuity of care from one shift to the next.

Arrangements to achieve compliance with mandatory training for staff were in place. Staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. Training to support professional development was also provided and included training on restraint management, dementia care and hand hygiene. Other training provided included falls prevention and nutrition.

The rota indicated the person in charge had sufficient time for management and governance tasks and to support and supervise staff. There were nurses at clinical nurse manager level to take charge in the absence of the person in charge.

The inspectors saw that copies of both the regulations and standards were available in the centre. Staff conveyed good understanding of the procedures that underpinned

clinical care as evidenced in the management of both acute mental health episodes and weight management described in outcome 1- Health care.

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:

Abbey Haven Nursing Home and Care Centre is a modern purpose-built, single-storey nursing home that provides care to dependent persons including people who have dementia and mental health problems. It can accommodate 62 residents. The provider had applied to increase the number accommodated to 63. An unused clinical room had been converted to a single bedroom with an ensuite facility of shower, toilet and wash hand basin. The inspectors viewed this room and found that it was appropriate for its intended use. It was a large room with windows that overlooked the garden and it was appropriately equipped for use. Adequate storage space was also provided.

This is a large scale attractive modern building. It provides an interesting and varied environment for residents although the inspectors noted that better directional signage was required to support residents when walking around the building. The entrance opens into a bright spacious reception area that leads to the reception area, nurses and person in charge's offices, and visitors' room. The units where bedrooms and communal areas are located are just off the reception area. The centre has a large garden area that can be accessed from several points and has several features that contribute to making the garden an interesting outdoor environment for residents. There are raised beds, a hen coop and tubs with shrubs and plants. The reception area had items of memorabilia such as an old style sewing machine and school desk. There were photographs of residents taking part in varied activities and there were items that residents had made such as cards and knitted items on display and for sale.

Bedroom accommodation comprises of single and double rooms all of which have ensuite toilet and shower facilities. There are toilets located near communal areas and near the reception and the visitors' room. Other facilities include a library, oratory, staff facilities, laundry and sluice areas. The library and oratory were easily distinguishable particularly the oratory which had stained glass windows. The building was in good decorative condition, attractively furnished and was comfortably warm, clean and odour free.

The inspectors reviewed all premises areas as residents with dementia were

accommodated throughout the building. There were a number of dementia friendly design features throughout that included good space for residents to walk around freely and appropriate lighting. Hallways were wide and unobstructed. Handrails contrasted with paintwork and were easy for residents to distinguish. Facilities such as en-suites were large and well equipped with identifiable toilets and shower areas. The chairs in communal areas contrasted with the décor and this made them more visible and consequently more accessible for people with dementia or vision impairments. There was some signage to help residents find their way around however this required improvement to ensure that it was relevant, meaningful and readily readable for residents with vision problems or cognitive impairment. As described previously the dining room was one area that was difficult to locate. Residents were observed to walk around with ease and where residents had mobility problems and could only walk short distances staff were observed to support them to walk short distances.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Abbey Haven Care Centre & Nursing Home
Centre ID:	OSV-0000738
Date of inspection:	21/11/2016
Date of response:	23/01/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The daily nursing records did not always convey the significant staff input in place each day when residents when in an acute phase of illness.

1. 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

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

the Chief Inspector.

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

Nursing staff have been advised of the need for more detail in nursing documentation to convey the care been delivered each day when residents when are in an acute phase of illness. This will be monitored going forward .

Proposed Timescale: 21/01/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The closed circuit television system was in use in all communal areas apart from the visitors' room. Residents and others were not advised of this in a variety of formats.

2. 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:

Following the inspection of the centre on 29th September 2015 ,CCTV signage was installed using high visibility signs and displays words and objects to indicate use of CCTV (this is a recommended format for Dementia and or sight / vision problems). The signage is displayed at the entrance lobby and at the entrance to communal rooms where CCTV is in use.

The use of CCTV is discussed on admission with residents and / or relatives as part of consent document. The Residents Guide has been updated to include information of the use of CCTV in some communal areas as a security measure.

Areas that facilitate privacy for residents other than their bedroom area are: meditation room, library and a quiet dayroom. (no CCTV is installed in those areas).

A further review of CCTV signage will be conducted .

Proposed Timescale: 31/03/2017

Theme:

Person-centred care and support

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

The lunchtime meal and found that the arrangements in place could be improved to enhance the experience for residents. It was observed that some residents came to the dining room early and although assisted by staff they had to wait before meals were served. Access to dining chairs was restricted by the location of the medication trolley

at times during lunch.

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:

The location of the medication trolley has been discussed with Nursing staff and the importance of access and egress for all residents has been highlighted.

Arrangements in place for meal times are been reviewed to enhance the experience for residents.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

This is a large building and there were some areas where signage to guide residents with cognitive and visual impairments required improvement to enable them to know where they were and to help them find their way more easily.

4. 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:

Way finding signage to guide residents with cognitive and visual impairments is been reviewed and additional signage will be provided .

Proposed Timescale: 30/04/2017