

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cloverlodge Nursing Home
<b>Centre ID:</b>	OSV-0000026
<b>Centre address:</b>	Main Street, Shinrone, Birr, Offaly.
<b>Telephone number:</b>	0505 47969
<b>Email address:</b>	shinrone@clhc.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Cloverland Healthcare Limited (in Receivership)
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Sheila Doyle
<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>	35
<b>Number of vacancies on the date of inspection:</b>	21

## **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.

**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 Quality 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:
21 March 2016 10:30	21 March 2016 18:00
22 March 2016 09:30	22 March 2016 16:00

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	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 10: Suitable Person in Charge		Compliant

**Summary of findings from this inspection**

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 scored the service against 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 previous table outlines the centre's and inspectors' rating for each outcome.

The inspector met with residents and staff members during the inspection. She tracked the journey of a number of residents with dementia within the service. She observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed. The inspector reviewed the self assessment questionnaire and documentation which were submitted by the provider prior to inspection and noted that the relevant policies were in place. Interviews were also carried out with the recently appointed person in charge and clinical nurse manager (CNM).

Cloverlodge Nursing Home is a purpose-built two-storey centre, which provides residential care for 56 people. Approximately 18% of residents have dementia.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. However some gaps were noted in this documentation.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

The dining experience was pleasant and actions relating to nutrition had been addressed since the previous inspection. Improvements relating to medication management practices were required to ensure that each resident was protected by the centre's procedures for medication management.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Action required from the previous inspection relating to fire safety had been addressed.

The person in charge discussed plans already afoot to further improve the quality of life for residents with dementia, including additional changes to the premises, a full review of the activity schedule.

The inspector found that some aspects of the premises did not meet residents' needs and these were discussed with the provider during the inspection.

These are discussed further in the report and included in the Action Plan at the end of 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 Quality 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 was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan and some improvement was required around medication management practices.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices. Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. Some residents also required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs. However, improvement was required in this area.

The inspector reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example the inspector saw that a resident had been referred to a speech and language therapist (SALT). Specific recommendations were made regarding providing assistance at meals. However the care plan had not been updated to reflect this. A similar issue was noted when specific instructions regarding dietary requirements were made by the dietician. Although the inspector was satisfied that practices were correct, the care plans did not reflect this.

Other gaps were also identified in the care planning document relating to putting specific plans in place to address assessed needs. For example a resident who was

assessed as being at risk of falls did not have an appropriate care plan in place. Similarly, end of life assessments and assessments to identify possible triggers and interventions appropriate for behaviour that challenge's were not consistently completed. The person in charge and clinical nurse manager (CNM) were aware that improvements were required and had put a plan in place to address this.

Residents' nutritional needs were met. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required.

Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

Residents were supported to enjoy the social aspects of dining. This had been identified as an area for improvement at the last inspection. The inspector noted that all tables were nicely laid and each had a pretty bud vase with flowers. All condiments were available. The main dining room had been redecorated and looked very welcoming.

The menu provided a varied choose of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw that residents' likes, dislikes and special diets were all recorded. These were known by both care and catering staff. The inspector saw that catering staff spoke with residents during the meals asking if everything was alright. The inspector heard residents telling the chef how much they had enjoyed the dinner.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Fluid intake was closely monitored and when required a staff member was specifically assigned to ensure that the residents were offered fluids on a regular basis.

Although the end of life assessment was not consistently recorded, the inspector was otherwise satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Previous initiatives relating to end of life care continued. The person in charge stated that the centre received support and advice from the local palliative care team.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. An annual remembrance mass was held each November and bereaved relatives were invited to

attend.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep. A policy was in place to guide the return of personal belongings.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in an acute hospital and letters from consultants detailing findings after clinic appointments were seen.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dietitians, speech and language therapists, physiotherapists and occupational therapists. A full range of other services were available on request including chiropody, optical and dental services.

A number of different GPs provided medical services to the residents. Residents generally had the choice whether or not to remain with their own GP. GPs visited routinely and there was a responsive out-of-hours service available to residents seven days per week.

**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 inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. It was being updated to incorporate the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. Residents spoken with confirmed that they felt safe in the centre. They said this was because staff were available to them at all times and access to the centre was safeguarded by staff.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for.

In relation to residents with dementia staff were aware that for example it was important to look out for changes in the way they interacted with people and any unexplained bruising etc. A new system had been introduced to ensure that all unexplained bruising was documented.

The inspector saw that restraint use was minimal. One resident was using bedrails and this was following a comprehensive assessment. Regular safety checks were completed when in use. Additional equipment was available to reduce the need for restraint including as low beds and crash mats.

Some residents had episodes of behaviour that challenged related to their medical conditions. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Some action was required relating to the care plans in place and this is included under Outcome 1.

Administration and nursing staff managed monies on behalf of some residents. The inspector reviewed this process and found that it was sufficiently robust.

**Judgment:**

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:**

The inspector was satisfied residents' privacy and dignity was respected and that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

Residents' religious and civil rights were supported. Mass and Church of Ireland services were held on a weekly basis. Some residents chose to go out to local services. There was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Staff said and residents confirmed they had been offered the opportunity to vote at the recent elections.

As part of the inspection, the inspector spent a period of time observing staff



interactions with residents with a dementia. The observations took place in the activity room, the sitting room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 42% of interactions demonstrated positive connective care, 16% reflected task orientated care while 42% indicated neutral care. These results were discussed with the staff who attended the feedback meeting and the areas for improvement were discussed.

There was a residents' committee and meetings were held on a monthly basis. The person in charge outlined her plans attend these meetings and ensure that all residents were consulted. The inspector saw that relatives' meetings were also held.

The person in charge outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. However, this contact information was available to residents.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told the inspector they were free to plan their own day, to join in an activity or to spend quiet time in their room. Staff told the inspector that breakfast times were at the residents choosing and could go on till the late morning most days. The inspector saw residents going to the dining room mid morning for their breakfast and one resident told the inspector she just fancied a lie in.

Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup. One resident told the inspector how she liked having her hair done while others liked the nail care sessions. The inspector observed that some residents were spending time in their own rooms and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available and the inspector saw some staff reading to residents.

There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers books or chatting in the large open plan sitting room which was bright and spacious with soft comfortable furnishings.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

An activity programme included activities arranged for the mornings and afternoons such as music, quizzes, bingo, exercises and relaxation therapies. On one of the days of inspection, a small group of residents were enjoying making bird feeders in the morning and there was sing along in the afternoon.

The activities co-ordinator told the inspector that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate

in the group activities. Other dementia relevant activities were included in the programme such as reminiscence and sonas. The person in charge discussed plans to further improve the activity programme to ensure that the needs of residents with dementia were met. This included the introduction of 'My support plan at a glance'. This was already completed for some residents and the inspector read that it included details regarding important people in the life of the resident, background information regarding skills and interests , likes and dislikes and tips for talking to the resident.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

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

**Findings:**  
The inspector was satisfied that the complaints of each resident including those with dementia, his or her family, advocate or representative and visitors were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process if needed.

This outcome was judged to be compliant in the self-assessment and the inspector found this to be the case.

**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 inspector found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, including residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty.

Staff were supervised to their role. The person in charge discussed plans to improve this further by actively engaging with staff during care provision. She also discussed plans to identify particular staff who, with additional training, will act as champions for residents with dementia.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the Regulations. A comprehensive induction plan was in place and the inspector saw that this included a tour of the premises, fire safety information, first aid procedures and the location of the emergency trolley. Staff appraisals were carried out annually and included agreed specific interventions to improve performance when required.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in pressure area management, end of life care and nutritional care. A training programme on dementia and responsive behaviour was scheduled for the day after the inspection. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

Several outsourced service providers attended the centre and provided very valuable activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role and had their roles and responsibilities set out in writing as required by the Regulations.

**Judgment:**

Compliant

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

Effective care and support

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

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

**Findings:**

Although the actions required from the previous inspection had been completed, additional improvement was required to ensure that the location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way.

At previous inspections it was noted that some of the carpet in the centre was worn and very dirty in places. In addition some areas of floor covering were frayed and posed trip hazards to residents. This was particularly noticeable in the front foyer. This had been completed and was finished to a high standard. There was a plan in place to attend to all areas within the centre on a phased basis. At the time of this inspection four bedrooms were being completely refurbished.

However the inspector saw that some residents' rooms required attention to ensure they met the needs of the residents. The inspector visited one twin room and saw that it was very sparsely furnished. There was insufficient space between the beds and one resident's locker was not within reach. There was no television in the room although there was a television wall bracket. This wall bracket posed a hazard as it was situated above the only chair in the room. There was a hole in the wall which looked like an electrical socket had been removed. The room had not been personalised at all. The inspector spoke to the provider and person in charge who agreed to attend to this immediately.

Other rooms also required refurbishment and the provider gave an undertaken these will be addressed within a three month period.

The inspector also noted that there were some old beds, mattresses and commodes outside the building and clearly visible to residents. This had also been highlighted in both the relatives' meetings and relative satisfaction survey. Also commented on was that some of the furniture was not cleaned adequately. The person in charge said she was aware of this and was discussing plans to have a full deep clean undertaken.

Other areas that needed attention are the remaining carpeted areas in particular at the top of the stairs leading to the general office.

There were nine twin rooms and 38 single rooms and all had en suite facilities. Residents had access to assistive equipment where required. The inspector found that appropriate assistive equipment was available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The person in charge discussed plans to work towards making the premises more dementia friendly including the use of contrasting colours on doors and additional signage. The inspector noted that white boards were at various locations throughout the centre reminding residents of the date, day, weather and planned events. A pictorial menu board had also been developed to assist residents choose their meal.

The premises is located on a spacious site and has a secure courtyard area together with a well maintained garden area to the side. Ample parking was available at the front of the building.

**Judgment:**  
Non Compliant - Moderate

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

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The action required from the previous inspection in relation to fire safety was followed up at this time.

At the previous inspection issues were identified in relation to fire safety. Some staff had not attended fire training and some checking procedures had lapsed. Action was required to address these.

The inspector reviewed the training records and saw that all staff had attended the training. Training was taking place in the centre at the time of inspection and the inspector saw any staff who were due training were obliged to attend.

The inspector noted at the previous inspection that there were no records of weekly checks of the fire alarms or doors. Recorded checks were now in place for the weekly checks of the fire alarm and the fire doors.

Other procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panel was in working order and fire exits, which had daily checks, were unobstructed

**Judgment:**  
Compliant

### ***Outcome 10: Suitable Person in Charge***

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector interviewed the recently appointed person in charge.

She is a registered nurse and has the required experience in nursing older people. She works full time in the centre.

There was evidence that the person in charge engaged in a range of professional development training including a degree in health services management. She was currently undertaking a master's programme in dementia care. She continues to attend clinical courses such as nutrition, wound care and infection control.

During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. She demonstrated knowledge of residents, their care needs, and a commitment to ongoing improvement of the centre and the quality of the services provided. The staff reported that the person in charge was approachable and supportive.

**Judgment:**

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:***

Sheila Doyle  
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>	Cloverlodge Nursing Home
<b>Centre ID:</b>	OSV-0000026
<b>Date of inspection:</b>	21/03/2016
<b>Date of response:</b>	12/04/2016

### 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 arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

#### **1. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

<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:**

Staff Nurses have been supported with implementing person centred care plans and have attended training on care of the resident with dementia. All care plans and assessments will be updated and reviewed at a minimum of every four months, or more frequently according to changes in the residents' care needs.

**Proposed Timescale:** 01/06/2016

**Theme:**

Safe care and support

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

Some routine assessments were not completed.

**2. Action Required:**

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

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

The nursing staff will undertake a comprehensive range of assessments on all residents on admission to determine their health, personal and social care needs. The assessments will be reviewed and updated at a minimum of every four months and more frequently as care needs change.

**Proposed Timescale:** 01/06/2016

**Theme:**

Safe care and support

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

For medications to be administered as and when required, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents also required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

**3. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.



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

Current medication charts have been updated to include all necessary prescribing information in line with national guidelines. The PIC is currently reviewing the pharmacy service to the home to ensure compliance with legislative and regulatory requirements in the safe management of medicines.

**Proposed Timescale:** 31/05/2016

**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:**

One twin room was very sparsely furnished.

There was insufficient space between the beds and one resident's locker was not within reach.

There was no television in the room although there was a television wall bracket. This wall bracket posed a hazard as it was above the only chair in the room.

There was a hole in the wall which looked like it an electrical socket had been removed.

The room had not been personalised at all.

Other rooms also required refurbishment.

**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:**

The room referred to in the inspection report is one of 10 rooms included in a refurbishment programme in the home. The resident has been transferred to a newly refurbished room, equipped with a TV. The resident and family have been encouraged to include the residents' personal items in the room in order to enhance a more homely atmosphere for the resident.

**Proposed Timescale:** 20/06/2016

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

There were some old beds, mattresses and commodes dumped outside the building and clearly visible to residents.

**5. 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:**

As part of the ongoing refurbishment a programme for disposal of obsolete equipment is currently being addressed. The exterior of the building and gardens will be improved as part of the overall upgrade and the gas tanks mentioned will be sectioned off with trellis.

**Proposed Timescale:** 20/06/2016

**Theme:**

Effective care and support

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

Some of the furniture was not cleaned adequately.

**6. Action Required:**

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

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

The PIC is currently reviewing the cleaning practices and procedures in the home. Staff will receive training as required in order to maintain high standards of cleanliness in the home and these standards will be audited on a regular basis by the PIC. Any areas of non-compliance will be addressed and resolved.

**Proposed Timescale:** 01/05/2016

**Theme:**

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

**7. 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:**

Action plan to improve the environment for residents with dementia has commenced. The enhancement will include a significant decorative upgrade, including furniture and fittings as required and appropriate signage for residents to identify their rooms and communal areas.

**Proposed Timescale:** 20/06/2016