Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Kilbrew Recuperation and Nursing Care
Centre ID:	OSV-0000143
Centre address:	Kilbrew Demense, Curragha, Ashbourne, Meath.
Telephone number:	01 835 8900
Email address:	info@kilbrew.eu
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kilbrew Recuperation and Nursing Care Limited
Provider Nominee:	James Keeling
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Day 1 - Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 April 2017 09:00	03 April 2017 19:00
04 April 2017 08:00	04 April 2017 13:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an announced inspection completed in response to an application made by the provider for renewal of registration of the centre. The last inspection of the centre by the Health Information and Quality Authority (HIQA) was a thematic inspection completed on 31 August 2016 to assess compliance with the regulations regarding the service provided for residents with dementia living in the centre. Thirteen of the 18 action plans following that inspection were satisfactorily

completed. The remaining five actions were found to be partially completed and are restated in the action plan with this inspection. As part of this inspection, inspectors also reviewed unsolicited information received by HIQA in January and March 2017. The issues raised were partially substantiated and the inspectors found evidence that the provider and person in charge had used the information to improve the quality of the service. Inspectors also found on this inspection that improvements were required in procedures for management of complaints.

Residents spoken with during this inspection and feedback from pre-inspection questionnaires completed by 18 residents and 15 residents' relatives were mostly positive. The majority of comments from residents and relatives were expressions of satisfaction with the care provided. Residents confirmed that they felt safe and had a choice in their daily routine. Residents also commented positively about the staff who cared for them. However some comments indicated areas for improvement including activities for less able residents, consultation regarding changes to residents' healthcare needs and internet access. Inspectors utilised this feedback during this inspection and their findings are detailed throughout this report. A summary of the feedback received from residents and their relatives was also communicated to the provider and person in charge during the course of the inspection. Inspectors found that the provider and person in charge had already identified some of these areas prior to the inspection as requiring improvement and had commenced putting actions in place to satisfactorily address them.

Inspectors met with the provider representative, person in charge and deputy, members of the staff team and residents and their relatives during the course of the inspection. Documentation records such as the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records were reviewed.

Inspectors found that residents were appropriately safeguarded. Inspectors observed that all interactions by staff with residents were courteous, respectful and kind. Procedures were in place to ensure that residents were protected from abuse and were demonstrated in practice. There was evidence that the views of residents were actively sought and used to improve the service provided to meet their needs.

Reasonable systems and appropriate measures were in place to manage and govern the service. The provider, person in charge held responsibility for the governance, operational management and administration of services and provision of sufficient resources. They demonstrated sufficient knowledge and an ability to meet regulatory requirements. The centre was purpose-built and painting and replacement of floor covering was in progress.

Residents' healthcare needs were met to a satisfactory standard. Some areas for improvement were identified. While the activities provided were interesting, varied and meaningful, review was required to ensure the needs of residents less able to participate in group activities were required. Staff were knowledgeable regarding residents needs and were facilitated to attend training to meet mandatory requirements and their professional development needs. However a review of staffing levels and skills was required to ensure residents were appropriately

supervised and had access to activities to meet their interests and capabilities.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
There was a written statement of purpose available that accurately described the service provided in the centre and this information was demonstrated in practice.

A copy of the centre's statement of purpose and function was forwarded to the Health Information and Quality Authority (HIQA). This document was reviewed and inspectors found that it contained all of the information as required by schedule 1 of the Regulations.
The statement of purpose and function accurately described the organisational structure, the range of needs that the designated centre meets and the services provided for residents.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:

The centre demonstrated a clearly defined management structure in place and reflected the information outlined in the centre's statement of purpose. Lines of authority and accountability were defined and all members of the team spoken with were aware of their roles, responsibilities and their reporting procedures. Monthly governance meetings were held and minutes were made available to inspectors. The provider attended the centre most days and together with the person in charge monitored the quality and safety of the service. Effective team communication was promoted by regular staff meetings.

Management arrangements and monitoring systems were in place to review the quality of care delivered to residents and inform improvements. Inspectors found quality and safety monitoring systems were in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly reviewed. There was evidence that key areas of clinical care, the environment and feedback from residents and their relatives was reviewed. Inspectors' found that the information collated in the various clinical audits and in feedback from residents and their relatives was analysed and actioned where necessary. Trending of findings in audits and reviews was done to inform proactive strategies and to provide robust assurances that all aspects of the quality and safety of the service were optimised.

Residents and relatives were familiar with management personnel and arrangements in place. The inspectors found adequate resources were made available to meet residents' needs in terms of facilities, staff training and sufficient assistive equipment to ensure effective delivery of care in accordance with the centre's statement of purpose. As discussed in Outcome 18, staffing resources required review.

A report on the quality and safety of care delivered to residents in the designated centre for 2016 had been completed and was available for inspection. There was evidence that some improvements being progressed were made in consultation with residents. The inspector observed where meaningful actions were taken in response to residents' feedback and efforts made by the provider' person in charge and staff team to optimise the comfort of the environment for residents.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:

A Residents' Guide, which was readily available to residents and their relatives, was reviewed by inspectors. It was found to contain all of the information required by the regulations.

A sample of contracts of care was reviewed by inspectors. The contracts set out the services to be provided, fees to be charged, the complaints procedure and visiting arrangements among other information. Each contract in the sample reviewed was signed by the resident or their relative on their behalf in agreement.

While contracts had not been updated in line with a recent amendment to the regulations to reflect terms relating to the bedrooms being provided to residents and the number of occupants of the bedrooms, the provider committed to including this information promptly.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors were satisfied that the centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service. She is supported in her role by an assistant director of nursing, clinical nurse managers, nursing, care, administration, maintenance, kitchen and housekeeping staff who report directly to her and she in turn reports to the provider.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She was awarded a degree in nursing and has completed a number of postgraduate courses including gerontology, management dementia care and other courses and training to maintain her professional knowledge and skills. She had the necessary qualifications and experience working with older people as required by the Regulations and works full time in the centre. She demonstrated that she had a good knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre.

The person in charge demonstrated that she is involved in the governance, operational management and administration of the centre. She had a detailed knowledge of residents' care and conditions. Staff confirmed that there was good inter-team communications. The person in charge had effective systems in place to ensure the

quality and safety of clinical care. Information required was easily accessed and was well organised. Residents spoken with knew the person in charge and were aware of her role in the centre.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the regulations were maintained accurately, securely and were easily retrievable within the centre. However there was insufficient documentary evidence that all accident and incident records were review by the person in charge, details of corrective actions taken or learning implemented to prevent recurrence.

The designated centre had all of the written operational policies as required by Schedule 5 of the regulations in place and accessible to staff if required. Following the last inspection in August 2016, the nutritional policy document was updated to include the template of the nutritional assessment tool used to identify residents at nutritional risk. The communication policy was also updated to reference residents with dementia and strategies to effectively meet their communication needs.

The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

A directory of resident was maintained in the centre and recorded all of the information outlined in the regulations.

The inspector reviewed a sample of four staff files on the day of the inspection, which were found to contain all of the information required by Schedule 2 of the regulations including completed vetting procedures.

The registered provider and person in charge confirmed that all staff including

volunteers working in the centre had An Garda Síochána vetting in place.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider and person in charge demonstrated they were aware of the requirement to notify the Chief Inspector of any proposed absence by the person in charge greater than 28 days from the designated centre and the arrangements in place for the management of the designated centre during any absence. There were no periods of absence by the person in charge requiring notification.

A registered nurse at assistant director of nursing grade worked alongside the person in charge on a day-to-day basis and deputised in her absence. The person in charge also had arrangements in place to ensure that she and her deputy were not on leave during the same periods. This arrangement ensured that a senior member of the nursing team was available. The person who deputised for the person in charge was a registered nurse and has postgraduate qualifications in management, teaching and palliative care. She has experience in a senior clinical and management role in the centre since 2006.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:

Inspectors' findings confirmed that residents were safeguarded and protected from abuse. There were systems in place for ensuring that all allegations of abuse or misconduct by staff were appropriately investigated and managed to ensure residents' safety at all times. This process was demonstrated in documentation requested and forwarded to HIQA, reviewed on inspection and in feedback from residents and their relatives in pre-inspection questionnaires and to inspectors on the days of inspection. Inspectors' observed that all interactions by staff with residents on the days of inspection were respectful, empowering, gentle and kind. All staff had attended training in safeguarding residents from abuse since the last inspection by HIQA in August 2016. Staff spoken with by inspectors discussed their learning from training attended and were aware of their responsibility to report any suspicious, disclosures or incidents of abuse. A safeguarding policy document was available to advise staff on the different types of abuse and appropriate management procedures.

A policy informing the use of restraint was available to staff in the centre and was demonstrated in practice. A restraint register recorded any type of restraint used and the duration of restraint used. Commitment from recent efforts by the person in charge and staff team was demonstrated to maintaining a restraint-free environment. Bedrails were in use for 14 residents. Since the last inspection, documentation to ensure use of bedrails was informed by comprehensive risk assessment was improved to ensure that residents' safety was not compromised by use of a bedrail. Three residents used lap belts which were attached as part of their assistive chairs to promote their safety. Care plans for residents who had bedrails and lap belts were implemented. Low-level beds, foam floor mats and sensor alert equipment were used as alternatives to bedrails for a number of residents. However, there was inconsistent documentary evidence that less restrictive measures were trialled before bedrails were used.

Some residents experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A policy was available to inform management of responsive behaviours. Inspectors observed that a person-centred and compassionate approach was used to support one resident experiencing intermittent responsive behaviours on the days of inspection. Staff knew the resident well and the resident was observed to respond well to the approach used by the person in charge and staff to de-escalate their responsive behaviour. Some residents were prescribed for psychotropic medications on a PRN (a medicine only taken as the need arises) basis and was administered as a last resort when other de-escalation techniques failed. Since the last inspection, each resident with responsive behaviours had a behavioural support plan in place that informed a person-centred approach by staff including direction for use of chemical restraint as a last resort when other interventions to de-escalate the behaviours failed. Residents with responsive behaviours were referred appropriately to community psychiatry of older age services. Good support from this community psychiatric team was reported and referenced in the records reviewed.

Systems and arrangements were in place for safeguarding residents’ finances and property. The centre's financial controller was an agent for collecting nine residents' social welfare payments. The accounting process was demonstrated to an inspector by the centre's financial controller. The procedures and processes for collecting residents' social welfare pensions on their behalf were transparent and were subject to annual

audit. All lodgements and withdrawals were documented and a running balance was maintained for each resident. All entries were signed with two signatures. The system in place was found to be sufficiently robust to protect residents and staff.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Findings on this inspection demonstrated that the health and safety of residents, staff and visitors was protected and promoted.

There was a safety statement available for the centre. Risk management policies as required by Regulation 26 were in place. The policies informed practices in relation to residents at risk of self-harm, violence and aggression, abuse and unexplained absence and were demonstrated in practice. A risk register was maintained that referenced identification and assessment of risks with controls to prevent potential adverse incidents to residents, visitors and staff. The risk register included clinical risks such as residents with restraints to support their care needs and safety. Risk assessments were completed for individual residents who smoked including the need for safety apron use and the need for supervision by staff. The sluice room and other hazardous areas were kept locked to prevent unauthorised access.

A health and safety committee met every month and risk management was a standing agenda item in governance meetings. A member of staff was appointed as the safety representative for the centre and chaired the health and safety meetings. The minutes from these meetings were made available to inspectors.

All incidents and accidents involving residents, staff and visitors were logged. While inspectors were told that they were reviewed by the person in charge and communicated to the provider, the accident and incident records did not consistently reference evidence of this process. Data on resident falls was collated, analysed and used to inform risk management strategies and staffing resources. Although there was evidence of learning implemented from review of any serious incidents involving residents, the details of corrective actions taken and learning implemented to prevent recurrence were not comprehensively documented in some of the incident and accident records reviewed by inspectors. These findings are actioned in Outcome 5. There was a low incidence of resident falls in the centre in 2016 to date necessitating hospital care.

Each resident has a risk of fall assessment completed on admission and was regularly reviewed thereafter, including after a fall incident. Hip protection equipment, low-level beds, foam floor mats, hand rails provided in corridors, toilets and showers, staff supervision and sensor equipment were used to reduce risk of fall injury to vulnerable residents. A discreet communication cue procedure was in use to inform staff on each resident's assessed risk of fall level.

Adequate precautions were taken against the risk of fire in the centre. Fire doors and exits were unobstructed. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Documentation reviewed confirmed they were in working order. Equipment including fire extinguishers were available at various points throughout the centre. Fire evacuation drills were completed at regular intervals and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Training records provided to inspectors referenced that all staff had completed fire safety and evacuation training. Staff spoken with by inspectors were aware of the emergency procedures in the event of a fire occurring in the centre.

The centre was visibly clean. Hand hygiene facilities were located throughout the premises. Environmental cleaning procedures were in place to reflect best practice in infection prevention and control procedures. The procedures for segregating clean and soiled linen in the centre's laundry also reflected evidence-based practice. An infection control policy informed procedures for management of communicable infection and infection outbreak to guide and inform staff. There were no residents in the centre with communicable infections.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication 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:
A medicines management policy was in place to inform safe medication practices in the centre. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration. Checks were consistently completed of balances of controlled medicines and refrigerator temperatures on a daily basis. Residents' prescribed medicines were reviewed at least three-monthly and confirmed by the signature of each resident's GP, the centre's pharmacist and a nurse and a record of the review was recorded on the

back of each resident's prescription sheet. Medicines management audits were completed at regular intervals to monitor safety of medicine management procedures in the centre.

The inspector observed medicine administration to residents on this inspection. The nurse administering residents' medicines wore a red apron alerting staff to minimise interruption. Medicines were administered on an individual resident basis from the drug storage trolley and were recorded in line with professional guidelines. Since the last inspection, comprehensive procedures were implemented to ensure medicines prescribed for PRN (a medicine only taken as the need arises) use included the maximum amount permissible over a 24hr period was recorded. Further improvements implemented to inform safe medicine administration included documentation of the generic name of each medicine on the prescription record and the indications for each prescribed PRN medicine. Nurses recorded the effectiveness of PRN medicines in the comment section on the administration record. Prescriptions were clearly stated to inform the indication parameters for administration of subcutaneous fluids to individual residents. All medicines to be administered by nurses in a crushed format were individually prescribed.

Procedures were in place to record the date of opening of residents' topical creams, ointments and oral liquid medicines to ensure they were not used beyond the timescales recommended by the manufacturer. Comprehensive procedures were also in place to ensure medicines, including medicines controlled under misuse of drugs legislation that were out-of-date or no longer used by residents in the centre were removed from the medicines trolley and returned to the pharmacy for safe disposal.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had access to a local pharmacist and the pharmacist was available to meet with residents as they wished. The pharmacist completed three-monthly audits of medicines in the centre.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record of all incidents and accidents to residents that occurred in the centre was maintained, and records since January 2016 were examined by the inspector. The person in charge was aware of their legal requirement to notify the Chief Inspector of

specified accidents and incidents occurring in the centre. To date and to the knowledge of inspectors, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge as required.

Quarterly notification reports were forwarded to HIQA referencing details of required information up to the end of 2016, including use of restraint in the centre.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Inspectors' found that the healthcare needs of residents were met to a satisfactory standard. Actions required from the last inspection regarding care plan development for residents at risk of developing pressure related skin injury and behavioural support care plans were satisfactorily completed. There was improvement made to clarity the interventions to direct care actions in activation care plans since the last inspection. However, further work was required to ensure the individual activity needs of residents with dementia and other debilitating health conditions were comprehensively informed. The maintenance of fluid and food intake records also required improvement.

Residents had access to a local general practitioner (GP) service. A small number of residents and family members commented in pre-inspection questionnaires and to inspectors on inspection that timeliness of some GP access could be improved. Inspectors did not identify any instances where residents' wellbeing was negatively impacted. The person in charge was already reviewing GP access to ensure residents' healthcare needs were met at all times. Residents had access to allied health professionals including occupational therapy, physiotherapy, speech and language and dietitian services. Specialist medical services including palliative care and psychiatric services attended residents in the centre. Residents' documentation confirmed they had timely access to these services as necessary. Arrangements were in place to ensure residents were supported to attend out-patient appointments. The majority of residents spoken with by inspectors and residents and relatives who provided feedback in pre-inspection questionnaires expressed their satisfaction with the care they received both in

the centre and from medical and allied health services. Inspectors reviewed a sample of residents' care plans which confirmed that details of treatment plans and recommendations made by allied health professionals were documented in residents' care plans as appropriate.

Arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and regularly reviewed thereafter by use of validated risk assessment tools. This information informed care plans that described the care interventions to be delivered to meet each resident's identified needs. The care plans indicated that care provided to residents was person-centred and met their needs. Arrangements were in place to ensure care plans were reviewed on a three-to-four month basis, or more often in response to their changing needs. Residents were reviewed by a physiotherapist following a fall incident and residents who sustained an injury to their head during a fall had neurological observations completed. There was evidence that residents' care was discussed with them or their relatives where appropriate. While there was a varied activity programme provided for residents, the detail of care plans to meet the social care needs of individual residents who could not participate in a meaningful way in group activities required improvement. This finding is also discussed further in Outcome 16.

Residents' risk of unintentional weight loss or weight gain was assessed on admission and regularly thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. Inspectors observed that residents with unintentional weight loss or weight gain had their needs appropriately reviewed by a dietician and an associated treatment plan was in place. Records were maintained of fluid and food intake for residents assessed as being at risk of unintentional weight loss, weight gain or dehydration. However, fluid and food intake records required improved detail to accurately inform the quantity of fluid and food taken by individual residents. Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudates and included a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or deteriorating. Inspectors were told that there were no residents with pressure related skin injuries on the days of inspection. Inspectors reviewed pressure related skin injury preventative procedures in the centre and found that they were informed by evidence based best practice. Assessment of the risk of skin breakdown was completed for each resident on admission and regularly thereafter. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules, were used as prevention strategies.

There were procedures in place to promote residents' good health and to prevent unnecessary hospital admissions. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring and regular exercise as part of their activities programme. Staff were also trained to provide subcutaneous fluid administration to treat residents with acute episodes of dehydration.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The design and layout of the premises met its stated purpose and was designed to promote residents' dignity, independence and wellbeing. Residents' accommodation was set out at ground floor level. The centre was situated on extensive landscaped grounds. The centre provided accommodation for 74 residents in 50 single and 12 twin bedrooms. All single bedrooms had en-suite showers and toilets. Twin bedrooms had an en-suite toilet. There were also communal toilets and assisted bathrooms available. All bathrooms, shower rooms and toilet facilities were fitted with grab rails to support residents' safe mobility. Bedrooms were fully fitted with lighting and central heating, and contained suitable furniture and storage for residents' belongings. The bedrooms had adequate floor space to accommodate specialised or assistive equipment, should residents require it. Lockable storage was also available in each bedroom. Residents were supported to individualise their bedrooms with personal items and furnishings and evidence of this was observed on the days of this inspection.

The layout of the centre supported freedom of movement of residents between common areas and their personal spaces. Handrails in contrasting colours were fitted on all corridors. A variety of paintings, photographs and other artwork were on display throughout the corridors. There were a number and variety of communal areas provided for residents. Communal sitting and dining rooms were comfortable and the dining rooms were decorated in a style reminiscent of residents' own homes. There was good use of colour and traditional domestic memorabilia that enhanced the familiarity of the environment for residents, especially residents with dementia. Two attractively landscaped enclosed gardens were available to enable residents to safely access and enjoy outdoor space as they wished. The gardens had outdoor seating for residents' comfort. Every opportunity to introduce natural light to corridors and communal rooms was taken with large windows that also had views of the surrounding gardens. Residents also told inspectors that they enjoyed views of deer and buffalo that were being reared on neighbouring farmland.

Laundry facilities were located within the designated centre and were found to reflect best practice procedures and to meet the needs of residents. Sufficient storage was provided for assistive equipment and utilities. Wall painting and replacement of floor

carpeting had commenced. Inspectors observed that carpets were cleaned; however, they observed that carpets in some parts of the communal corridors were heavily stained. Equipment servicing records were available and evidenced that equipment used for residents was serviced as required to ensure safe and reliable operation.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy available to inform procedures and practices in relation to complaints management in the centre. The complaints procedure was on display in the centre and was summarised in the residents' guide document. The person in charge was the designated person to address complaints. Since the last inspection by HIQA, arrangements were in place to consistently record the satisfaction of complainants with the outcome of their complaints. A person other than the designated complaints officer was appointed to ensure records of all complaints were complete and complainants were appropriately responded to. While the documented procedure was in line with the requirements of the Regulations, some practices did not reflect the process described. Inspectors found that a number of complaints were investigated by the person nominated under Regulation 34(3). Inspectors were told that the person designated to deal with complaints was aware of all complaints made; however, this was not consistently referenced in some complaint records. Areas identified for improvement from investigation of individual complaints were also not consistently recorded with implementation details. An appeals process was available to complainants not satisfied with the outcome of investigations by the centre's designated complaints officer. Independent advocacy services were available to assist and support residents. There was evidence that this service was used. An independent advocate visited the centre on a regular basis and was well known to residents. Advocacy services were available to residents.

A complaints log was maintained in the centre and recorded verbal and written complaints. All complaints were investigated and the investigation details and actions taken were documented. The satisfaction of complainants was also ascertained and documented. Inspectors were informed that there was one active complaint in process at the time of this inspection. Residents spoken with by the inspector on the days of this inspection and feedback received by HIQA in pre-inspection resident and relative

questionnaires indicated that residents and their relatives knew who to approach if they were dissatisfied with any aspect of the service. They also expressed their confidence that their concern would be addressed.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
A policy document was in place to inform care of residents at the end-of-life stage of their lives. The person in charge told the inspector that no residents were receiving end-of-life care on the days of this inspection. Community palliative services attended residents in the centre to support staff with residents' pain and symptom management. Palliative care services were not supporting any resident's with chronic pain management at the time of this inspection. Pain assessment procedures were in place and used to inform medicine administration.

A record of each resident's end-of-life wishes were documented and known to staff. Care plans were developed for residents to inform their physical, psychological and spiritual needs and wishes including the place they wished to receive care to the end of their lives. Some residents had advanced directives in place and since the last inspection; improvements were made to ensure residents were involved in advanced directive decisions where appropriate.

Arrangements were in place to facilitate residents' families to stay overnight in the centre with them when receiving end-of-life care. Single bedroom accommodation was available for residents receiving end-of-life care to ensure their comfort and privacy needs were met. An oratory was available in the centre to residents for funeral services. Residents had good access to religious clergy to meet their faith needs.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a

discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Although staff supported residents requiring assistance, not all residents received assistance in a timely manner in one dining room.

While there were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration, details of fluid and food intake records required improvement to ensure accurate information regarding quantities consumed was documented. This finding is actioned in Outcome 11. A policy was in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Residents' food preferences were ascertained on admission and residents were facilitated to provide feedback on the menu options and choices provided to inform improvements. Staff spoken with were knowledgeable regarding the need to monitor residents at nutritional risk. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored and checked routinely on a monthly basis or more frequently when indicated. Referrals were appropriately made by staff or residents' GPs in response to assessment of need or a change in a resident's condition. Nutritional care plans were in place that detailed residents' individual food preferences and dietary needs. Care plans outlined the recommendations made by the dietitian and speech and language therapist where appropriate.

Residents were provided with food and drink at times and in quantities adequate to meet their needs. Food was properly served and presented in an appetising way. Residents had a choice of hot meal for their lunch and tea each day. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Some residents with unintentional weight loss or weight gain were also prescribed specialist diets by the dietician. Recommendations made by the dietician and speech and language therapist were appropriately communicated to the kitchen. Staff preparing, serving and assisting with meals and drinks were familiar with residents' dietary requirements, needs and preferences. The inspector observed that residents with specialist dietary and fluid consistency requirements received the diets and thickened fluids recommended to meet their needs.

Inspectors observed that there were sufficient numbers of staff available in the dining room to support residents at mealtimes including residents who needed supervision and assistance with eating and drinking. Staff were observed to sit with residents and they provided them with encouragement and discreet assistance with their meal as necessary. The menu was clearly displayed on a notice board in the dining room. The centre provided two dining rooms for residents. The dining rooms had adequate space provided and were decorated in a familiar, traditional style. The dining experience of

residents with assistive equipment was significantly improved with the use of tables specially designed to enable them to comfortably enjoy their dining experience. Alternative meals and drinks were available to residents who wanted an alternative to the menu choice available on the day. A resident spoken with confirmed that they received alternatives to the menu to meet their needs and choice.

There was evidence that residents' feedback informed improvements in the variety of food provided. Satisfaction with the food and dining experience was collated through resident and relative satisfaction surveys, residents' committee meetings and one-to-one conversations with catering and clinical staff. The provider and person in charge discussed their commitment to ensuring residents enjoyed the food provided for them.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:
Residents had opportunity to express their views and be involved in the running of the centre. This was evidenced by the minutes of residents' meetings and inspectors' discussions with individual residents on the days of inspection. Residents' meetings were convened at regular intervals and were minuted. Residents and their relatives were also facilitated to express their views on various aspects of the service they received in satisfaction surveys completed. The provider and person in charge told inspectors that they welcomed residents' input in assisting them with providing a good service.

There was a policy of open visiting in the centre, with protected mealtimes in line with residents' wishes. Relatives' feedback confirmed that visitors were made welcome when visiting in the centre. Inspectors observed visitors visiting residents on the days of inspection. There were a number of comfortable sitting rooms and seated areas in the centre where residents could meet their visitors in private if they wished.

A schedule of activities was displayed for residents' information. An activity co-ordinator had responsibility for organising activities for residents. The activity co-ordinator and other members of staff had completed an accredited course in sensory-based activities

to support them to meet the needs of less able residents including those with advanced dementia and those who did not or could not participate in group activities.
The inspectors observed that residents were encouraged to participate in group activities and many of the activities, such as gentle exercises, music, singing, arts and crafts and ball games were particularly suitable and tailored to meet the needs of most residents. However, some less able residents did not participate or were sleeping throughout.

While facilities were provided with 'Bernie's Boutique' for one-to-one engagement or quieter rooms for small group sensory-based activities, the programme on offer was not informed by an assessment of residents' needs, interests and functional ability. Inspectors observed that residents with varying abilities came together for group activities. As a result opportunities for meaningful participation by many residents who joined in the group activities provided were not optimised. The inspectors observed that a number of residents had needs and capabilities best served by one-to-one or small group sensory activities. While records were maintained to record each resident's participation, greater detail was required interests and capabilities were met. Outings were organised for residents to go out for refreshments, attend shows and to visit local areas of interest. A small number of residents commented in pre-inspection questionnaires that they wanted to go out more often.

Residents were facilitated to meet their religious and spiritual needs. Residents had access to clergy to meet their faith needs. A large notice board was located in the centre advising residents on useful information that may be of interest to them. A greeting card display was available to residents who wished to send a greeting card to relative or friends. Some residents used computers and iphones and they expressed dissatisfaction with the internet access available to the centre. There was evidence that the provider and person in charge were working to remedy this for the residents concerned.

The inspectors observed that staff got consent from residents for all care activities and gave them choice regarding their daily activities in the centre. Residents' privacy and dignity needs were met. The inspectors observed staff knocking on residents' bedroom doors and closing doors to bedrooms and toilets during personal care activities. Closed circuit television (CCTV) cameras were in operation in communal sitting areas, dining rooms and corridors. As on the last inspection, inspectors observed that views of residents in the dining and sitting rooms were running on a monitor that could be viewed from a communal corridor. While staff closed these views when this finding was brought to their attention, further improvement was required to ensure access to this information was controlled and monitored. Since the last inspection, no residents' personal care information was displayed in their bedrooms. Residents' personal healthcare documentation was secured.

Residents' communication needs were assessed and a communication board was used to support one resident with making their views and wishes known. Inspectors observed that residents were supported to easily identify their bedroom with use of cues placed on the door such as their first names, favourite photographs, places and collages to illustrate interests and pastimes. Although some signage was used to indicate direction and key areas such as toilets and communal rooms, there was opportunity for further improvement in this area.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
A policy and procedure was in place to inform the management of residents' personal property and possessions. Residents had sufficient space to store their clothing and personal possessions in their bedrooms. Residents could maintain control of and access to their property and possessions. Residents also had access to secure storage facilities for their valuables. A personal property record was completed for each resident on admission and was updated regularly thereafter to take account of any changes.

There were adequate laundry facilities in place for residents. An identification tagging system was in operation for residents' clothing to prevent misplacement or loss. Records indicated that a small number of complaints of lost or misplaced clothing were addressed to the satisfaction of complainants.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:
Inspectors found that supervision of residents in the dining room had improved since the last inspection. Inspectors examined the rota and found that although there appeared to be adequate staff on duty the allocation of staff required revision to ensure that that the supervision needs of residents in one communal sitting room after tea, and the social needs of less able residents unable were met.

There was a registered nurse rostered on duty at all times. An actual and planned staff rota for all staff was made available to inspectors and reflected staff working in the centre on the days of inspection.

Staff were found to be supervised appropriate to their role, and there was a comprehensive induction programme in place for newly recruited staff. Annual staff appraisals were completed by the person in charge.

Training records indicated that all staff had completed mandatory training in fire safety, moving and handling practices, management of responsive behaviours and the prevention, detection and management of abuse. Staff spoken with by inspectors on the days of inspection were found be knowledgeable regarding the mandatory training they had attended. Comprehensive action was taken following the last inspection to address findings of unsafe moving and handling procedures by staff. Refresher training was provided to all staff and assistive equipment such as manual handling belts were introduced to support safe procedures. Inspectors observed that all moving and handling of residents was safely carried out by staff. There was also evidence that some staff had completed training to support their continuous professional development, including nutrition, dementia care and infection control and prevention. Some members of staff had also completed training in providing sensory based activities for residents.

A sample of staff files were examined by inspectors and were found to contain all of the necessary information required by Schedule 2 of the Regulations. These files also contained proof of An Garda Siochana vetting. Inspectors were provided with evidence to indicate that all nursing staff were currently registered with An Bord Altranais agus Cnáimhseachais na hÉireann. The provider confirmed to the inspectors that all staff working in the centre had completed satisfactory An Garda Siochana vetting on file.

A volunteer advocate attended the centre on a regular basis. They were appropriately vetted, supervised and had their role set out in writing.

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:

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Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	Kilbrew Recuperation and Nursing Care
Centre ID:	OSV-0000143
Date of inspection:	03/04/2017
Date of response:	28/04/2017

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient documentary evidence that all accident and incident records were review by the person in charge and details of corrective actions taken or learning implemented to prevent recurrence.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
As incidents and accidents are on going all the historic occurrences are under review and any new learning will be detailed and attached to the relevant documentation in an effort to direct future care planning and positive outcomes for residents.

Proposed Timescale: 30/07/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some further improvement was required in the records of alternative equipment tried before bedrails were implemented.

2. 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:
More enhanced options have been included in the assessment and alternatives outlined to the residents prior to the engagement of bed rails.

Proposed Timescale: 20/04/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The detail of care plans to meet the social care needs of individual residents who could not participate in a meaningful way in group activities required improvement.

3. 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 the involvement and abilities of the residents change this plan will be reviewed on an ongoing basis.

Proposed Timescale: 30/08/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fluid and food intake records required improved detail to accurately inform the quantity of fluid and food taken by individual residents.

4. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
The record is changed to record the quantity of food consumed by individual residents and is now implemented.

Proposed Timescale: 05/04/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Carpets in some parts of the communal corridors were heavily stained.

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:
Capital budget has been agreed and new carpets have been sourced to be fitted in the coming months.

Proposed Timescale: 30/09/2017

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

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

Areas for improvement identified from investigation of individual complaints were not consistently recorded.

6. Action Required:
Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
A more enhanced method of recording any identified improvements from complaints will be implemented to ensure areas requiring change are identified.

Proposed Timescale: 30/06/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some practices did not reflect the complaints process described in the centre.

7. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
The steps required have been outlined to all those participating in this process and are now in place.

Proposed Timescale: 20/04/2017

Outcome 16: 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:
Improvement was required to ensure the activity needs of residents less able to meaningfully participate in group activities were met.

While records were maintained to record each resident's participation in activities, greater detail was required to conclude that their assessed needs were met.

8. 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:

A full review and revamp of the activity programmes is underway to ensure all residents needs are catered for. We are engaging with outside consultants to ensure the identified needs of residents are recorded and activities provided that meet their individual physical and cognitive abilities

Proposed Timescale: 30/09/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Monitors in corridors that showed CCTV views of residents in communal rooms could be viewed by viewed visitors to the centre. Improvements were required to ensure access to this CCTV footage was controlled and monitored.

9. 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:
New positions of these monitors are being investigated with the assistance of the technical provider.

Proposed Timescale: 30/09/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors examined the rota and found that although there appeared to be adequate staff on duty the allocation of staff required revision to ensure that that the supervision needs of residents in one communal sitting room after tea, and the social needs of less able residents unable were met.

10. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
We have revised this allocation and have provided more supervision during this time period.

Proposed Timescale: 22/04/2017