

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Strawhall Nursing Home |
| Centre ID: | OSV-0000295 |
| Centre address: | Strawhall, Fermoy, Cork. |
| Telephone number: | 025 31 678 |
| Email address: | strawhallnursinghome@eircom.net |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Strawhall Nursing Home Partnership |
| Provider Nominee: | Margaret Rice |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | None |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 30 |
| Number of vacancies on the date of inspection: | 0 |

About Dementia Care Thematic Inspections

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

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

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

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

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

The inspection took place over the following dates and times

| | |
|----------------------|----------------------|
| From: | To: |
| 16 August 2017 10:30 | 16 August 2017 17:30 |
| 17 August 2017 10:00 | 17 August 2017 18:45 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs | Compliance demonstrated | Substantially Compliant |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Substantially Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Compliant |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Compliant |
| Outcome 07: Health and Safety and Risk Management | | Compliant |
| Outcome 08: Governance and Management | | Compliant |
| Outcome 10: Suitable Person in Charge | | Compliant |
| Outcome 11: Information for residents | | Compliant |
| Outcome 12: Notification of Incidents | | Compliant |

Summary of findings from this inspection

This monitoring inspection of Strawhall Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and was the ninth inspection of the centre. The centre was established in 1988 and accommodated 30 residents. It was a two-storey building in a scenic area surrounded by well maintained gardens. It was located within walking distance of the town of Fermoy. This inspection report sets

out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process providers were invited to attend information seminars presented by HIQA. In addition, evidence-based guidance was developed by HIQA to guide providers on best practice in dementia care and the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this prior to the inspection. Findings from the inspection were also used to inform the renewal of the centre's registration. During the two days of inspection the inspector met with the provider, the person in charge, residents, relatives, and staff members from all grades. The inspector observed care practices and reviewed documentation such as the complaints log, care plans, fire safety records and staff files. In addition, the inspector used a validated observation tool to document periods of interaction between staff and residents with dementia.

The bedroom layout consisted of 22 single rooms, ten of which had en-suite shower, toilet and wash basin facilities. There were four twin-bedded rooms, one of which had en-suite facilities. Ten residents were accommodated on the first floor with the remainder at ground floor level. Two stair lifts were fitted to the stair areas and a lift was available to the first floor. There were two mobile residents accommodated on the upper floor of the building in single occupancy bedrooms. There were a number of comfortable sitting rooms in the centre. Residents had opportunities to meet visitors in private and the inspector observed family members using the private conservatory room for this purpose. The dining room was spacious and well located adjacent to the kitchen. An enclosed courtyard provided residents with a safe outdoor area which was suitably furnished.

The inspector found that the centre was well resourced and resident focused. There was a welcoming ethos in the centre. A full-time administrator had been appointed since the previous inspection. Residents, relatives and staff confirmed that support and communication were enhanced as a result. The provider and person in charge demonstrated a willingness to comply with 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. Where areas of non-compliance were identified these were set out 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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

A comprehensive assessment of residents' health and social care needs was undertaken prior to admission. The person in charge stated that she undertook this assessment. However, the centre had not received copies of the Common Summary Assessment Form (CSARS) for residents which informs the admission status of the resident as well as their needs assessment. In addition, a sample of residents' files did not contain copies of consultants' letters confirming residents' diagnosis. The person in charge stated that she would ensure that files were comprehensive by seeking copies of these documents for all residents. Care plans however, included a detailed profile of each resident and plans were revised on a four monthly basis. Residents and relatives, where appropriate, were involved in developing and reviewing the plans. Relatives spoken with by the inspector confirmed this. The sample of care plans viewed by the inspector indicated that detailed information was documented. The person in charge had developed a new suite of documents and staff had commenced updating residents' files and records.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. The assistant person in charge indicated that residents' medicines were reviewed by the GP every three months. PRN (when necessary) medications were audited regularly including the use of psychotropic drugs. Residents who had behaviour issues as a result of the behaviour and psychological symptoms of dementia (BPSD) were assessed prior to the administration of any such medication and staff were trained in the recognition and management of this behaviour using non-pharmaceutical methods where possible.

A number of care plans had been developed which outlined the needs of residents who communicated through behaviour and staff were aware of the needs of relevant residents. The inspector observed that there was a well developed social dimension to residents' lives in the centre. Residents with dementia were included in all activity sessions which created a calm, inclusive and caring environment for residents. Interventions and activities were developed to enhance the sense of wellbeing for

residents. A sample of care plans of residents who had been diagnosed with dementia was reviewed by the inspector. Allied health care services such as physiotherapy, occupational therapy and dietician services were seen to be availed of. The chiroprapist attended residents on a six-weekly basis and documentation confirming this was reviewed by the inspector. Clinical assessments of skin integrity, behaviour, falls, continence, cognition, pain and nutritional status were undertaken for each resident. Care plans were seen to have been developed as a result of these assessments. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident with dementia who had lost weight. There was good communication between the dietician and the kitchen staff. The inspector spoke with a number of staff who were found to be familiar with residents' nutrition needs, special diets, likes and dislikes. The inspector spoke with the newly appointed chef. He was knowledgeable of residents' dietary needs and stated that he baked cakes and bread on a daily basis. Menus were displayed for residents' information and residents stated that food was tasty and plentiful.

Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. Narrative notes maintained by nursing staff comprehensively outlined the care provision to residents. and access to radio and television. There was a hairdressing salon on the premises which was popular with residents. Activity provision was discussed further under Outcome 3: Residents rights, dignity and consultation. End of life care plans were in place and relatives spoken with stated that staff had spoken with them about residents' wishes for end of life care. Facilities were available for relatives to stay with residents at end of life and support was available from staff at this time. The policy on end of life care was detailed and palliative services were available for symptom control, if required.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference new best evidence-based policies and practice. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed by the inspector confirmed that staff had received training on recognising and responding to elder abuse. Staff

stated that training was delivered on a yearly basis. Residents spoken with said they felt safe in the centre and stated that staff were respectful and kind.

There was an up-to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. Training records confirmed this. Individualised care plans on behaviour issues were in place in a sample of residents' files viewed. The inspector observed staff interacting with residents and intervening appropriately when a resident began to communicate upset or anxiety. For example, residents who were restless were distracted and gently re-directed by staff.

Residents who required bedrails were checked regularly when these were in use. Records confirming these checks were viewed by the inspector. There was evidence that consent of the resident or a representative had been sought for the use of any form of restraint and there was multidisciplinary involvement in decision making. The inspectors observed that most residents had the use of low-low beds and in some cases cushioned mats were placed next to beds to mitigate the risk of injury should a fall occur. Individual risk assessments had been undertaken and consent forms for the use of bedrails or lap-belts had been signed.

The inspector found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Itemised invoices and receipts were available for all financial transactions. The provider informed the inspector that residents' were also supported to keep individual sums of pocket money in the safe, which was found to be well managed.

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:

Residents meetings were held on a regular basis. The last residents' meeting was held outside under the tree in the garden. Residents were delighted with this. They were served tea and snacks which created an enjoyable, social occasion. The provider and person in charge stated that they met with residents and relatives on a daily basis also. The inspector viewed documentation which indicated that residents were consulted with about how the centre was run. Surveys were conducted on an annual basis and there

was a suggestion box located in the hallway. Residents with dementia were enabled to make choices and maintain their independence. Menu choices and seasonal changes were discussed with residents. Residents were seen to be consulted at meal times.

Residents had access to a private telephone facility. Internet access was available in the centre. Televisions were located in all bedrooms and in sitting rooms. Conservatory areas were available which afforded access and views of the well maintained gardens. Daily newspapers were supplied to residents and they were seen to avail of these at various times during the day. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. There were opportunities for residents to participate in a number of meaningful activities. These included knitting, music, art, chair based exercises, card and quiz games, personalised activities such as hand massage and cooking. There were three activity staff in the centre who worked with all residents on a rotational basis. Staff informed inspectors that activity provision was facilitated daily from 11am to 4pm. Residents with a cognitive impairment were provided with music, singing and reminiscence therapy. In addition, residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers, word-search quiz and news programmes. On the second day of inspection a garden party had been planned for residents. The garden had been decorated with balloons and chairs had been brought out to the patio and under the tree. The chef had made a selection of lovely food which was served to residents, A musician came to play a variety of songs and residents joined in. The party continued indoors when the weather changed. The management team were available to support residents during this social occasion.

However, life story information was not available in the sample of care plans viewed by the inspector to enable person-centred care planning. The person in charge outlined her plans for new person-centred documentation to capture relevant information and to create memory boxes for each resident. She stated that she had spoken with relatives about assisting with personalising each resident's room. Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. The inspector observed all staff interacting with residents in an appropriate and respectful manner. Residents had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in a dining room and sitting room areas. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between carers and residents with dementia. During the activity session in the sitting room the inspector noted that interactions were positive and meaningful. The facilitator related to residents in a calm and gentle manner. Residents were referred to by name and there was eye contact between residents and the facilitator. Social conversation was encouraged and when residents wanted to engage in conversation or initiate singing, this was facilitated

in a respectful manner. Residents portrayed a sense of wellbeing by smiling and actively engaging with each other and the facilitator. The interactions during this session indicated 'positive connective care' as outlined in the QUIS tool. The observation in the dining area also indicated positive connective care for residents with dementia. Staff were observed to actively engage in conversation with all residents including those who were non-verbal. Staff members were seen to offer all residents choice of meals and desserts. A number of residents who had dementia were seen to be independent when eating. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation. There was a calm and unhurried atmosphere with provided a sense of positive wellbeing for residents with dementia. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Staff carefully assisted residents who were using walking aids to mobilise around the centre.

Some residents confirmed that they attended religious service and daily prayer group. The provider stated that residents from all religious denominations were accommodated in the centre when required.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

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:

The inspector viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed at the entrance to the centre. The name and contact details of an independent appeals person were specified on the complaints process. Contact details for the ombudsman were clearly set out.

The inspector reviewed the complaints log and found that complaints were responded in a prompt and responsive manner. The satisfaction or not of each complainant was recorded as required under the regulations.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

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| Workforce |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a clear management structure in the centre and staff were aware of this. The provider and person in charge were supported by a knowledgeable assistant person in charge and a dedicated group of staff. Staff spoken with by the inspector demonstrated a clear understanding of their roles and responsibilities. Staff records showed that staff were recruited and inducted in accordance with best practice. A staff appraisal system was undertaken on an annual basis.</p> <p>The inspector reviewed staffing rotas, staffing levels and skill mix. The person in charge informed the inspector that that she was satisfied that there were sufficient staff on duty to meet the needs of residents. All staff now attended the morning handover report which created an inclusive, informed environment for staff. Training records, audits and minutes of meetings were maintained. Records indicated that staff had received mandatory training such as, fire training, prevention of elder abuse and knowledge of behaviours that challenge. The person in charge said that volunteers played bingo with residents on a weekly basis. Volunteers in the centre had Garda vetting completed and had their roles and responsibilities set out in writing.</p> <p>Up-to-date registration details with An Bord Altranais agus Cnaimhseachais na hEireann, for nursing staff, were maintained. The inspector reviewed a sample of staff files and found that they contained all the documents required to be in place by regulation as specified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013.</p> |
| <p>Judgment: Compliant</p> |

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the centre was suited for its stated purpose as a designated centre for older adults. The premises, having regard to the needs of residents conformed to the matters set out in Schedule 6 of the Health Act 2007 (Care And Welfare of Residents in Designated Centres for Older People) 2013. It promoted

residents' dignity, independence and wellbeing. A lift and two stair lifts were available to assist residents to access the upper floors. Staff informed the inspector that residents using the lifts were appropriately supervised and risk assessed for safe use of the lift. There was suitable storage for residents' belongings such as shelving, dressers, adequate wardrobes and bedside lockers.

The centre maintained a safe environment for residents, with hand-rails provided in hallways. Since the previous inspection each hallway had been painted a different colour to support residents to orientate around the centre independently and locate their bedrooms. New pictures had been purchased which were displayed at a suitable height for residents. Residents proudly showed the inspector the wall mural which they had created in the dining room and other decorative art work which they had developed. Residents spoken with by the inspector said that they found the centre to be very comfortable and homely. They enjoyed the spacious well maintained grounds with seating available for residents and visitors.

The inspector spoke with relatives who expressed their satisfaction with the accommodation for residents and said that they could visit their relative in private. Adequate space was available for privacy such as a visitors' room and single occupancy rooms. Heating and ventilation was suitable. Water temperature was recorded and maintained at the required level. The premises and grounds were well-maintained and risk assessed for any hazards which could cause injury.

The centre was very clean, tidy and colourful. Each bedroom had a wash-hand basin or an en-suite facility. There were sufficient numbers of toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. There was a well-equipped and well stocked kitchen in the centre. Suitable staff facilities for changing and mealtimes were provided.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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:
The health and safety statement had been reviewed in 2016. An emergency plan was in place which specified the arrangements for the evacuation of residents and identified an external location for their temporary accommodation. The fire prevention policy was viewed by the inspector and was found to be detailed and centre-specific. There were

signs placed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting was checked and serviced at three monthly intervals. Records were found to be comprehensively maintained. Fire training was provided to staff on a yearly basis. The person in charge informed the inspector that regular fire evacuation drills were undertaken and these events were documented. Fire evacuation blankets were placed on residents' beds and there was an evacuation list at the reception desk which was updated each morning. The fire alarm and the fire doors were checked regularly. Staff spoken with by the inspector were aware of the procedure to be followed in the event of a fire.

The inspector viewed the record of accidents and incidents. Issues were resolved and learning was documented. Clinical risk assessments were undertaken for residents. One staff member was in charge of the management of health and safety issues. She spoke with the inspector and stated that she met with the person in charge on a weekly basis to update risk assessments and to assess and new risks. Falls were audited and learning was documented. The health and safety staff member stated that she planned to attend a relevant training course in the Autumn.

Best practice in infection control was evident to the inspector. Regular hand-washing and the appropriate use of personal protective equipment such as gloves and aprons were apparent. Hand sanitisers were available at the entrance to the building, on the corridors and in the staff and resident areas. Latex gloves were stored safely. The inspector noted that the centre was clean and that staff maintained documentation which indicated the time and details of the cleaning regime. The centre had the services of an expert clinical waste disposal company. Clinical waste items were stored in an external yellow locked bin, while waiting for collection.

Hoists, wheelchairs, weighing scales, electric beds and mattresses were serviced on a regular basis and these records were seen by the inspector. Equipment for use by residents was cleaned thoroughly, on a weekly basis. The centre was a non-smoking area. Residents were informed of this prior to admission. Any risks identified on inspection were addressed immediately in a responsive and responsible manner.

Judgment:
Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure in place. The person in charge was

supported in her role by an assistant director of nursing (ADON), the provider and the administrator. There were weekly management and health and safety meetings held in the centre. Minutes of these meetings were available for review and indicated that issues discussed included staffing levels, staff training and staff induction.

The person in charge met formally with nursing staff every month and informally on a daily basis. There was a programme of audits in place included audits of falls, care plans, medication management, accidents/incidents, psychotropic medications, and the environment. There was evidence of action in response to issues identified such as a medical review of medications following the psychotropic drug audit and new care plan documentation. The regulatory annual review of the quality and safety of care in the centre had been undertaken. It addressed issues such as evaluation of falls, results of questionnaires, health and safety issues and the residents' dining experience. It was presented in a format that was accessible to both residents and relatives.

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 person in charge had been newly appointed since the previous inspection. The inspector spoke with her during the inspection and she displayed a detailed knowledge of the standards and regulations for the sector. She was found to be experienced and committed to providing person-centred care for residents and their families. She demonstrated a full awareness of the accountability and responsibility attached to her role. She was involved in the centre every day and worked with the provider to identify and address areas requiring improvement for example, décor, gardens and documentation.

Staff, residents and family members informed inspectors that she was approachable and accessible. The inspector saw evidence of audit, training courses and care planning initiatives which she had implemented since her appointment.

Judgment:
Compliant

Outcome 11: Information for residents

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Residents had a written contract which was signed and agreed shortly after admission. A sample of residents' contracts reviewed indicated that each resident's contract of care dealt with the care and welfare of the resident in the centre, the services provided and the details of all fees. Of the sample reviewed, all contracts were dated and signed.

Residents had access to advocacy services. The residents' guide and newspaper were available. Notice boards also provided information on local, national and upcoming events. Community involvement was encouraged and visitors were plentiful throughout the inspection days.

Judgment:

Compliant

Outcome 12: Notification of Incidents**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector saw that notifications to HIQA were forwarded within the required timeframes. These notifications were viewed prior to and during the inspection. The inspector was satisfied with the actions taken and medical care provided.

The incident and accident record was viewed. Relevant incidents were seen to correlate with the notifications received by HIQA.

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---------------------------|
| Centre name: | Strawhall Nursing Home |
| Centre ID: | OSV-0000295 |
| Date of inspection: | 16/08/2017 and 17/08/2017 |
| Date of response: | 12/09/2017 |

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Ensure that all relevant documentation is available in residents' files to support a comprehensive assessment of each residents diagnosis and associated social and care needs.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

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:

- Following the inspection, our admission checklist was updated. Common summary assessment form (CSAR) and Consultant letters were added to the checklist.
- Person in charge endeavour to obtain a comprehensive files to all the resident. - ongoing

Proposed Timescale: 18/11/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Ensure that information is available in residents' files to ensure that activities and recreation opportunities are based on residents' past likes and dislikes as well as interests.

2. 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:

- Life story questionnaire was updated after the inspection.
- We aim to obtain a meaningful life story to know more about our resident with the help of the resident themselves and relatives. Resident life story will be utilised in developing and updating their care plans. - ongoing

Proposed Timescale: 21/10/2017