

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Listowel Community Hospital
<b>Centre ID:</b>	OSV-0000564
<b>Centre address:</b>	St Josephs Unit, Greenville, Listowel, Kerry.
<b>Telephone number:</b>	068 21022
<b>Email address:</b>	Patricia.McEneryNoonan@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Ber Power
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Louisa Power
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	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 1 day(s).

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

From: 24 March 2017 08:00 To: 24 March 2017 17:00

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

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

**Summary of findings from this inspection**

This inspection of St Joseph's Unit of Listowel Community Hospital by the Health Information and Quality Authority (HIQA) was unannounced and took place over one day. The inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Inspectors followed the experience of a number of residents with dementia within the centre. They observed care practices and interactions between residents who had dementia and members of staff, using a validated observation tool.

As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed by HIQA to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care prior to the inspection. On the day of the

inspection there were 24 residents in the centre with no vacant beds. The person in charge had stated that there were nine residents in the centre who had been diagnosed with dementia and a number of other residents had cognitive impairment. Inspectors found that staff were committed to providing a high quality inclusive service for all residents.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge, the newly appointed clinical nurse manager (CNM), the activities co-ordinator and staff from various roles. Inspectors observed practices and reviewed documentation, such as, care plans, medical records, medication records, policies and activity programme. A number of staff files and residents' files were checked for relevant documentation. The centre was noted to be very clean and well maintained. The person in charge informed inspectors that she was available in the centre five days a week and that she was ably supported by the assistant person in charge.

The regulations for the sector, as set out in 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, formed the basis for the judgments made by inspectors. Improvements were required in the area of privacy and dignity, premises, medication management and care plans. The actions required to be taken by the provider 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):**

No actions were required from the previous inspection.

**Findings:**

A sample of care plans for residents with dementia were reviewed by inspectors. Each resident's wellbeing and care was supported by the use of evidence-based assessment tools for identifying falls risks, nutrition needs, dependency levels, skin integrity, depression, manual handling needs and oral health screening. The person in charge informed inspectors that the general practitioner (GP) attended the centre on a regular basis and when required. Residents had access to allied health professionals including, physiotherapy, psychology, dietician, speech and language therapy (SALT) and occupational therapy (OT). The person in charge stated that a geriatrician and palliative care nurses were accessible to relevant residents. Individualised care plans were in place for residents with dementia. These were based on their assessed and developing needs. Inspectors viewed documentation which indicated that care plans were compiled in consultation with residents and their representatives where appropriate.

Residents spoke with inspectors about various outings with relatives and staff. Since the previous inspection an activities coordinator had been employed and residents had opportunities to participate in meaningful activities informed by their interests. These activities included card playing, art work, singing, reading and chair based activities. In addition, residents had been facilitated to attend Listowel races and to a nearby farm centre where hens were kept. The activities coordinator informed inspectors that these visits formed part of a reminiscence session as residents reflected on their past lives and experiences when they returned to the centre. Local school students and Fetac Level 5 students were present in the centre on the day of inspection. Residents informed inspectors that they benefitted from the company and conversation with the students, who discussed local events with them. Students were seen to facilitate some activities and were supervised by the CNM2 and the activities co-ordinator.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse Policy & Procedures, 2014, was in operation in the centre. Staff informed inspectors that they were aware of the types of abuse that could occur and of the responsibility to report allegations of abuse. The person in charge stated that there was a zero tolerance approach to elder abuse. She said that she attended staff handover meetings to ensure that she was informed of any issues of concern or increased care needs of residents. Training records reviewed by inspectors confirmed that staff had received relevant training. Residents spoken with said they felt safe and secure in the centre. They stated that staff were supportive and kind. Relatives confirmed with inspectors that staff were approachable and caring.

Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for each financial transaction. A sample of records reviewed by inspectors were seen to be accurate and detailed. Transactions on residents' accounts were carefully maintained. Residents' valuables were kept safely and records of these were available to inspectors. A sample of these were checked and found to be accurate. The administration staff member informed inspectors that regular financial audit was undertaken. Individual files had been set up for all financial transactions since the previous inspection. These files contained details of all expenses incurred including receipts from the chiropodist, the hairdresser and the pharmacy.

There was an up-to-date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours 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. A large number of staff had attended a two-day programme on enhancing wellbeing for those with dementia. This programme had been developed by the clinical development co-ordinator for the HSE centres in the South. A further group of staff were seen to be scheduled to attend the next course.

There were bedrails in use for a number of residents in the centre. Records of daily and nightly checks of these were documented. Consent of residents or a representative had been sought. There was evidence that a detailed consultation process was followed before using bedrails and lap belts. Multi-disciplinary (MDT) input was sought and decisions made at these meetings were documented in relevant files. Risk assessments had been undertaken and the health and safety risks of the use of any restraint had been evaluated.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Residents had access to social events and activities. Residents spoke with inspectors about various outings with relatives and staff. A number of residents attended religious service in the adjoining church on a daily basis. Staff or relatives accompanied residents. The activity organiser informed inspectors that residents had the opportunity to shop in the local town to attend restaurants with friends and to participate in local events. Residents had access to meaningful and interesting activities. Similar to findings on previous inspections the activities coordinator stated that contact and involvement with the local community was a valuable component of reminiscence sessions held in the centre. She stated that residents with dementia reflected on their past lives and experiences when they returned to the centre following outings. Staff spoken with informed inspectors that residents with a cognitive impairment were provided with Sonas and reminiscence therapy.

The person in charge was undertaking studies in dementia care and practice. She said that she utilised her learning and applied best practice to the care of residents with dementia in the centre. For example, coloured toilet seats had been purchased, the centre had been painted in contrasting warm colours and assistive cutlery and coloured tableware was provided. She explained that a 'Sonas' programme had been introduced and that residents with dementia had access to this programme weekly facilitated by the in-house, licensed, accredited trainer. An education poster had been produced as a result of this and the benefit of the 'Sonas' programme had been outlined for staff and other designated centres: (Sonas: activation and communication, through sensory stimulation).

Residents with dementia benefitted from the company and conversation with local school students and Fetac Level 5 students. Students were seen to facilitate some activities at the time of inspection and were supervised by the artist and the activities co-ordinator. For example, students were seen to display a caring attitude to residents and to provide individualised care during the art session. Inspectors observed that residents had access to newspapers, TV, DVDs and radios. There were notice-boards available on the premises which provided information about community and centre events. For example, information was displayed in relation to an upcoming play. The activity organiser was acting in the play and had arranged for a group of residents to attend on opening night. In addition, residents with dementia had access to

hairdressing, exercise groups, visiting zoo and domestic animal therapy groups, music sessions and flower arranging. The person in charge confirmed that residents who wished to vote were facilitated to do so both externally and within the centre. Residents had access to a portable telephone and their personal mobile phones. Residents spoken with said that they felt content and they praised the person in charge, the staff members, the activities personnel and the food.

As part of the dementia thematic inspection inspectors observed periods of interaction between staff and residents. Inspectors used a validated observational tool to rate and record at five-minute intervals the quality of interactions in the centre. The observation tool used was, the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the communal room, the hallway and a bedroom during the inspection. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia.

One observation period was undertaken in the morning before dinner. Interactions were noted to be generally positive at this time and residents were seen to engage well with the staff members who were present. Residents were involved in a group exercise class utilising skittles, soft balls and a colourful parachute. Of the 18 residents in the sitting room 16 were seen to participate while two other residents were asleep for a period of time. The activity organiser addressed residents by name and they responded to her enthusiasm. Residents with dementia were familiar with the activity session and were seen to participate according to their abilities. The activity was designed to encourage and facilitate successful responses. Residents engaged in conversation and banter with the staff members. Staff members reassured residents with dementia and encouraged their participation. One resident with dementia was heard to say "lovely", when the colourful parachute was opened up. One resident declined to be involved as he said he preferred to watch. Residents were seen to engage in chair-based exercise when moving the parachute, for example, bending to pick up the ball and raising their arms up and down. They were seen to encourage each other and to laugh and smile indicating a sense of well-being. One resident was late for the parachute activity. However, the activity organiser kindly opened it up again to show it to this resident. The observing inspector noted that the majority of interactions during this period involved positive, connective care.

A second observation period took place after dinner. The artist, the activity organiser and two students were involved in this activity. Residents' art work was praised and they were enabled to work independently in an unobtrusive manner. When a resident wanted to go outside for a cigarette he was accompanied into the secure garden area by a staff member. He seemed familiar with the routine of sitting outside in the smoking area. The staff member promised that they would go out as usual for a second cigarette at the end of the art session. One resident held a 'doll' which appeared to give her comfort. A resident who wanted to use the adjacent toilet was supported to use her walking aid to encourage independent walking. The overall assessment of this period of observation was one of positive, connective care.

Further observations were undertaken at various times throughout the inspection. In the afternoon in one bedroom area three residents who were in bed were seen to be unattended without interaction for a period of time. The TV in this room was shared

between three residents and inspectors noted that an unsuitable children's programme was playing on the TV. The remote control was not in reach of any resident. Two of these residents had dementia and the third resident was cognitively aware. After 20 minutes of no staff presence two staff members brought tea to residents. A carer passed the remote control for the TV to one resident who changed over to a more suitable channel. Residents were assisted with a cup of tea and cake. However, there were long periods of time of 'neutral' care for these residents at this observation period.

Inspectors found that residents were consulted about changes in the centre. Records of the minutes of residents' meetings were maintained. Surveys results were reviewed and these were positive about all aspects of care. Residents who spoke with inspectors said that they could raise concerns with staff members and particularly with the person in charge. Relatives, of residents with dementia stated that they were kept informed about residents' care and care planning.

External independent advocacy services were available to residents with dementia or their relatives. Inspectors observed information and contact details for this service on the notice board. Visitors were plentiful during the inspection. Inspectors met and spoke with a number of visitors of residents with dementia. One visitor told the inspector that she felt that her relative's voice was heard because staff always checked things with her before any changes were made to the relative's care. In addition, she said that her relative had improved since admission and had put on weight. She stated that staff were very kind.

However, the lack of space in the multi-occupancy bedrooms had a significant negative impact on the privacy and dignity of residents. Space in the multi-occupancy rooms was very limited for residents' personal items, for their clothes as well as, for private conversations. Staff acknowledged that there was little opportunity for privacy within these multi-occupancy bedrooms. For some residents bedside armchairs could not be accommodated as their placement would impede on access to wardrobes. However, inspectors observed that a number of residents' individual spaces had been decorated with personal pictures and photographs. In addition, overhead hoists were in use and the privacy curtains and window curtains were new and of high quality. Furthermore, wardrobes were large and incorporated a bed-side locker area next to each resident.

Inspectors observed that while en-suite toilets and wash hand basins were located in each bedroom commodes were in use for residents in these rooms. The person in charge stated that commodes were required as all residents were not physically able to access or be accommodated in the en-suite toilets. She explained that new commodes had been purchased which provided for more comfortable seating for residents. However, the negative impact of the use of commodes in a multi-occupancy room was acknowledged by staff. In addition, inspectors noted that the odour from the use of commodes was detectable in the main corridor. As a consequence of this inspectors formed the view that this odour was intensified within the bedrooms where the commodes were in use. Inspectors formed the view that providing a commode where a toilet was available in the same room was an institutionalised practice which did not take into account the negative impact on all residents' right to privacy and dignity within the multi-occupancy room. In addition, the negative impact of residing in a multi-occupancy room was apparent to inspectors at dinner time. Inspectors observed that three

residents were served dinner while in bed. However, one resident required to have his intimate care needs addressed before he was assisted with his meal. Other residents were eating their dinner while this care need was being addressed. The dinner of the resident receiving care was left on his bedside table until the care giving activity had been completed.

The fact that there were only two showers available for 24 residents was discussed with the person in charge. Both of these showers were located at the top of the hall past the nurses' desk. Consequently, residents were required to pass up through the hall from their bedroom area to access the shower rooms. On the day of inspection, inspectors did not see any resident accessing these shower rooms. However, the person in charge stated that residents were offered a shower at regular intervals according to their needs and choice. There was no bath in the centre. Staff explained that a shower trolley was in use for residents who wished to lie down while having a shower.

**Judgment:**

Non Compliant - Moderate

***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:**

There was a policy in place for investigating and handling complaints. The complaints procedure was displayed in the main reception area. The Health Service Executive policy on complaints, 'Your Service, your Say', was available in the centre. The person in charge informed inspectors that complaints were discussed at staff meetings. Compliments were also recorded and inspectors observed that there was a large display of 'thank you' cards on a notice board in the centre.

Residents and staff told inspectors that they were aware of the complaints process. The name and contact details of an independent appeals person was displayed for use in the event that a complainant was unhappy with the internal investigation. The statement of purpose and the residents' guide also contained details of the complaints procedure. Residents' had access to an independent advocate and the contact details of the ombudsman were displayed.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> There was a clear management structure in place. Staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision. A staff development and appraisal system had commenced for all staff. Staff changing rooms, canteen and shower area were provided. There was an effective induction system in place for new staff. The majority of staff had received training in the prevention of elder abuse, in moving and handling techniques and in fire safety. Inspectors spoke with staff members who were found to be knowledgeable of residents' needs and the responsibilities of their respective roles. Inspectors reviewed staffing rotas, staffing levels and skill mix which correlated with the information provided by the person in charge. Residents and relatives informed inspectors that staff treated them with respect and dignity. Inspectors observed that throughout the day a number of staff, as well as the activity organiser, were involved in the enablement of the social aspects of life in the centre.</p> <p>Registration details with An Bord Altranais agus Cnaimhseachais na hEireann were available for nursing staff. Inspectors reviewed a sample of staff files and found that they contained the information required under Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013. According to the person in charge all staff had the required Garda vetting on file.</p>
<p><b>Judgment:</b> Compliant</p>

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

<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> The designated centre was located within Listowel Community Hospital which was a Health Service Executive (HSE) hospital. Within the hospital there were two distinct</p>

centres, St Joseph's Unit which was the 24-bedded designated centre and the District Hospital which provided accommodation for 16 older adults. Two adults with disabilities were also living in the designated centre.

The person in charge stated that she was the person in charge of both units and said that staff generally rotated between both areas of care.

The unit which was inspected was St Joseph's Unit: a 24 bedded, single-storey centre, generally laid out in 'ward-style' rooms. It had a bright, airy communal lounge, which was used for sitting and dining purposes. This room opened out through patio doors on to a secure patio area. The building was bright and very nicely painted and decorated. There were two staff offices, a storage room, a family room, a small kitchenette, a staff room and a number of utility and administration rooms in the centre. There were four multi-occupancy bedrooms in the centre which contained five beds each and four single rooms all of which had en-suite toilet and hand-washing facilities. Two assisted shower rooms were located at the top of the hall. There were two additional assisted toilets available for residents: one located in the hallway and one near the communal sitting area. The external grounds were extensive and provided sufficient car parking. The garden areas had been renovated through local fund-raising efforts and safe garden areas had been developed for residents' use. There was an outdoor smoking shelter available for residents. Residents with dementia were seen to access the safe outdoor space during the inspection.

However, there continued to be significant non-compliance with regulations in relation to the requirements for premises in a designated centre. Similar to findings on the previous inspection there was a lack of storage space available for chairs and wheelchairs. Inspectors noted that wheelchairs and other specific seating were stored in the sitting and dining room in the morning and evening. A number of residents were seen to eat their meals next to their beds or in bed. Some of the large chairs which were required to accommodate residents' needs could not be positioned at dining tables.

Inspectors observed that there were only two showers and no bath available for 24 residents as discussed under Outcome 3: Residents' rights, dignity and consultation. Staff informed inspectors that residents had the use of shower chairs and a shower trolley within the shower rooms. The multi-occupancy bedroom accommodation highlighted as unsuitable on previous inspections continued to fall short in design and layout to maximise the privacy and dignity of residents. The impact of living in these rooms was also discussed under the aforementioned, Outcome 3.

Due to the design and layout of the multi-occupancy bedrooms; the space provided was not adequate to enhance and protect the quality of life and the dignity of each resident. In addition, the space around each bed for additional personal furniture and for staff to work at both sides of beds when assisting residents was not adequate. On the previous inspection the provider had acknowledged to inspectors that the five bedded rooms were not acceptable from the viewpoint of privacy and dignity and environmental issues, such as, noise, attention required by other residents and visitors, who wished to talk to their relatives in private. However, inspectors found that a lockable storage space had been provided for residents since the previous inspection.

Inspectors noted that since the first inspection of this centre in 2010 action plans and

correspondence with HIQA, in relation to premises failings, had yet to be fully implemented. Nevertheless, the person in charge informed inspectors that the proposed renovations were planned to be completed in 2018. The person in charge stated that she would ask the provider nominee to provide assurances to HIQA that this work was on target.

**Judgment:**  
Non Compliant - Major

### **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 report<sup>1</sup>

<b>Centre name:</b>	Listowel Community Hospital
<b>Centre ID:</b>	OSV-0000564
<b>Date of inspection:</b>	24/03/2017
<b>Date of response:</b>	14/04/2017

#### 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 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:**

Not all residents had access to individual TVs, remote controls or suitable programming.

**1. Action Required:**

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

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

All residents will be offered the opportunity of having their own remote control.

Individual televisions will be available when the unit is reconfigured.

A portable DVD player will be purchased within next 10days for residents to view DVD's individually.

**Proposed Timescale:** 31/12/2018

**Theme:**

Person-centred care and support

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

Residents did not have opportunities to carry out a range of activities in private, such as attention to intimate care needs, entertaining visitors, shower use and the use of available toilets instead of commodes.

**2. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

When the unit is reconfigured all residents will have opportunities to carry out activities in private, such as attention to intimate care needs, entertaining visitors, shower use and the use of available toilets instead of commodes.

**Proposed Timescale:** 31/12/2018

**Theme:**

Person-centred care and support

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

Not all residents had access to suitable activity or recreation: For example: inspectors found, during one observation period, that three residents' had long periods of neutral care where no staff were present and the TV was tuned to an unsuitable channel, without remote control access.

**3. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

All residents now have individual activity care plans and these will be reviewed and amended as necessary.

Residents will be offered the opportunity of having their own remote control .

Proposed Timescale:  
6 weeks

**Proposed Timescale:** 22/06/2017

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

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

All residents, in the multi-occupancy rooms, did not have sufficient space to have a suitable bedside chair or items from home, in their personal bedside space.

**4. Action Required:**

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

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

Unit will be reconfigured to allow for sufficient space to have a suitable bedside chair or items from home, in their personal bedside space.

**Proposed Timescale:** 31/12/2018

**Outcome 06: Safe and Suitable Premises**

**Theme:**  
Effective care and support

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

The premises did not conform to the requirements for a designated centre as set out under Schedule 6 of the regulations..

Examples of this were:

- there was a lack of storage space and inspectors noted that wheelchairs and other specific seating were stored in the sitting and dining room
- not all the large chairs which were required to accommodate residents' needs could be positioned at the dining table.
- there were only two showers and no bath available for 24 residents, thereby limiting the residents' choice.
- multi occupancy bedroom accommodation continued to fall short in design and layout to maximise the privacy and dignity of residents.
- the design and layout significantly impacted negatively on residents as they were not able to undertake personal activities in private -in the multi occupancy rooms the space provided was not adequate to enhance and protect the quality of life and the dignity of each person.
- the space around each bed for additional personal furniture and for staff to work at both sides of the bed when assisting residents was limited

-the space for each resident to display personal items and pictures of friends and family was limited.

**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:**

Unit will be reconfigured to ensure premises will conform to the matters set out in Schedule 6, having regard to the needs of the residents of the unit.

**Proposed Timescale:** 31/12/2018