

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Centre address:</b>	Tully East, Kildare, Kildare.
<b>Telephone number:</b>	045 521 300
<b>Email address:</b>	ashleylodgenursinghome@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ashley Lodge Nursing Home Limited
<b>Provider Nominee:</b>	Martina Kilshaw
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	3

## **About Dementia Care Thematic Inspections**

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

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

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

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

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

From: 05 April 2016 09:30 To: 05 April 2016 19:00

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

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

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Inspectors met with residents, relatives and staff members during the inspection. They tracked the journey of a number of residents with dementia within the service.

They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff training records. Inspectors reviewed the self assessment questionnaire which were submitted by the provider prior to inspection and noted that the relevant policies were in place.

Ashley Lodge Nursing Home is a purpose-built single-storey centre, which provides residential care for 55 people. Approximately 50% of residents have dementia. The overall atmosphere was homely and comfortable.

Each resident was assessed prior to admission to ensure the service could meet their need and to determine the suitability of the placement. Following admission residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs.

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some improvement was required around medication management practices.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. Arrangements were in place to support the religious rights of residents with dementia although improvement was required to ensure residents were supported with their civil rights. In addition there was limited evidence that residents with dementia were consulted regarding the running of the centre.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. However some improvement was required to staff files to ensure they met the requirements of the Regulations. Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Inspectors reviewed the complaints log and policy. Some improvement was required to the policy to ensure compliance with the Regulations. Inspectors noted that a complaint had recently been received by the provider and person in charge. The person in charge and nominated provider had carried out an investigation and a meeting was planned with the family. Inspectors were satisfied that the complaint was being managed in line with the Regulations. The person in charge undertook to keep the Authority informed of the outcome of this meeting.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned action in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some improvement was required around medication management practices.

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

Otherwise inspectors were satisfied that suitable arrangements were in place to meet the health and nursing needs of residents with dementia. Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident for risks such as malnutrition, falls and their skin integrity.

Inspectors reviewed a sample of care plans and saw that they were updated to reflect the recommendations of various members of the multidisciplinary team. For example inspectors saw that some residents had been referred to speech and language therapists (SALT) and dieticians. Specific recommendations were made regarding providing assistance at meals and the specific dietary requirements. The care plans had been updated to reflect these changes.

Inspectors reviewed the management of clinical issues such as wound care, weight loss and falls management and found they were well managed and guided by robust policies.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia.

Inspectors were satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Residents spoken with told inspectors how much they enjoyed the meals and the choices available.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate.

Inspectors saw that adequate choices were available for residents who required a modified consistency diet. Inspectors also saw residents being offered a variety of snacks and staff regularly offered drinks to residents.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, dietetic services and occupational therapy. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans inspectors were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. The person in charge stated that the centre received advice and support from the local palliative care team.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. This included details regarding the level of mobility, communication needs, nutritional requirements, medications, degree of cognitive impairment and other relevant details such as behavioural and psychological signs of dementia. Inspectors noted that information was also provided on discharge back to the centre including updates from members of the multidisciplinary team.

**Judgment:**

Non Compliant - Moderate

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

### **Theme:**

Safe care and support

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

No actions were required from the previous inspection.

### **Findings:**

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

There was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicion of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken to by inspectors confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

Inspectors reviewed the procedures in place for responding to behavioural and psychological signs of dementia (BPSD). Training had been provided to all staff and there was a policy in place which provided guidance to staff. Possible triggers had been identified for individual residents and staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behavioural and psychological signs in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Inspectors saw that additional support and advice were available to staff from the psychiatry services. The use of psychotropic and night sedative medication was audited on a regular basis. Three monthly reviews of all medications were undertaken by general practitioners (GP) and the pharmacist.

Improvements were noted around the use of restraint and usage was now lower than at previous inspections. Staff had attended specific training. Inspectors noted that appropriate risk assessments had been undertaken. Hourly checks were completed when bedrails or lapbelts were in use. There was documented evidence that alternatives had been tried prior to the use of restraint as required by the centre's policy. Staff spoken with confirmed the various strategies that had been tried. Additional equipment such as low low beds, sensor alarms and crash mats had also been purchased to reduce the need for bedrails.

Residents' monies continued to be managed in a safe and transparent way. The person in charge discussed plans to make this system more robust including introducing new documentation for recording transactions. Balances checked on inspection were correct.

### **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:**

Inspectors were satisfied that satisfied residents' privacy and dignity were respected and that residents were enabled to make choices about how to live their lives. Improvement was required to ensure that residents with dementia were consulted regarding the running of the centre and that residents' civil rights were supported.

There had been a residents' committee but meetings had stopped following the discharge of a resident who previously chaired these meetings. The person in charge discussed her plans to ensure that these were up and running again. Preliminary meeting had been held to discuss the format. Inspectors were anxious to ensure that residents with dementia were included in these meetings.

Improvement was required to ensure that civil rights were supported. Some residents had not been afforded the opportunity to vote at the recent election as in house voting was not available. The person in charge discussed plans to ensure that this would not happen again.

Residents' religious rights were supported. Mass was held on a weekly basis and religious sisters also provided prayer services on a weekly basis. Church of Ireland services were organised when required. Input from other religions such as the Muslim religion was available and the person in charge acknowledged their input in developing their multicultural guide.

Residents were treated with dignity and respect. Residents with dementia spoken with confirmed this to inspectors. Also, inspectors observed that staff including, nurses, health care assistants, catering and household staff communicated and treated residents with the respect. Staff appeared to know the residents well. They took time to communicate with residents and did so in a kindly manner.

Residents' privacy was respected. Bedrooms and bathrooms had privacy locks in place. Adequate screening was available in shared rooms.

The person in charge outlined details of advocacy services that were available to the residents. The advocates currently attended the centre on a weekly basis. There were no restrictions on visitors and residents could receive visitors in private.

Residents had freedom to plan their own day within a communal setting. They chose the times they wanted to get up in the morning, where to have breakfast and what activities



they wanted to be part of. Their meal preferences were also facilitated.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. The observations took place in the activity room, the sitting room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 33% of interactions demonstrated positive connective care, 29% reflected task orientated care while 38% indicated neutral care. These results were discussed with the staff who attended the feedback meeting and the areas for improvement were discussed.

An activity programme included activities arranged for the mornings and afternoons such as music, quizzes, bingo, exercises and relaxation therapies. Inspectors saw residents enjoying these activities. The activities co-ordinator who was supported by a health care assistant told inspectors that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not or did not wish to participate in the group activities. Other dementia relevant activities such as reminiscence were included in the programme.

There was evidence that feedback was sought from residents and relatives on an ongoing basis on the services provided. Satisfaction surveys had recently been completed which indicated overall satisfaction with service provided.

**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 were policies and procedures in place for managing complaints, but improvements were required to ensure that the process is in line with Regulations.

A copy of the complaints procedure was not on display in the centre. While a "complaints, comment and suggestions" form was displayed near the front entrance of the centre, it did not describe the complaints process and inspectors noted that it did not contain a reference to verbal complaints.

Inspectors reviewed the complaints log which clearly documented the complaints received in the centre. The records included details of the actions taken in response to complaints. However, the satisfaction of the complainant with the outcome of the complaint was not recorded.

A complaint had recently been received by the centre and an investigation was ongoing at the time of the inspection.

**Judgment:**  
Substantially Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

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

**Findings:**

Inspectors were satisfied that on the day of the inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. However improvement was required to ensure that staff files were complete.

Inspectors reviewed a sample of staff files and found that some did not hold all the relevant documents as required by Schedule 2 of the Regulations. For example details and documentary evidence of relevant training was not consistently included.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed the roster which reflected the staff on duty. Systems were in place to provide relief cover for planned and unplanned leave. Up to date registration numbers were in place for nursing staff.

Inspectors saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on confidentiality, house rules and residents' files and this was signed off once completed. Appraisals also took place on a yearly basis and inspectors saw that when required areas for additional improvement by individual staff members were outlined.

Inspectors found that there was a broad range of training provided and a training matrix was in place to capture when staff require training. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia care, infection control and managing behaviours that challenge.

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

**Judgment:**

Non Compliant - Moderate

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

Effective care and support

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

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

**Findings:**

Inspectors found that the location, design and layout of the centre is suitable for its stated purpose and is in line with the Regulations. Some additional renovations are required to ensure the design and layout will promote the dignity, well being and independence of residents with dementia.

The action required from the previous inspection relating to the heating in the day room had been addressed. Inspectors noted that the temperature in the day room felt comfortable during the inspection. A spot check confirmed that it was 22 degrees centigrade.

Inspectors found the centre which was a purpose built single storey building to be comfortable and welcoming. It was located in a rural setting. There are 41 single rooms, 35 of which have en suite shower, toilet and wash hand basin facilities. In addition there are 7 twin en suite rooms. The bedrooms were comfortable and inspectors saw that additional improvements had taken place. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. Inspectors saw that quality improvement initiatives were underway in this regard. Inspectors noted that there was a clock and calendar in most residents' rooms and the person in charge discussed how she was researching this further to ensure that they were appropriate for residents' needs.

Other improvements included repainting of all corridors and some of the bedrooms. In addition, the colours of toilet seats and door handles had been changed to provide a contrast to assist residents' orientation. Written and pictorial signage was in use on the doors.

Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas. Additional toilet and bathroom facilities were suitably located around the premises.

There is a well equipped kitchen and two dining rooms. There was adequate communal space. Many residents sat near the entrance as they could watch the activity and any people passing by. One resident told the inspectors that he liked sitting near the front

door while waiting on his visitors.

Grab-rails and handrails were provided in all communal areas. Inspectors found that appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames was available. Servicing contracts were in place. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access.

The environment was bright, clean and well maintained throughout. Adequate arrangements were in place for the disposal of general and clinical waste. The centre had a safe, well maintained garden area. There were several other partially enclosed garden areas. The person in charge discussed plans to further enhance the outdoor areas including developing an orchard garden. There was ample garden furniture for residents' use. There was parking for visitors and staff at the front and side of the building.

The person in charge discussed plans afoot to further enhance the environment. This included getting additional dementia friendly signage to further promote the independence of the residents.

**Judgment:**  
Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ashley Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000009
<b>Date of inspection:</b>	05/04/2016
<b>Date of response:</b>	14/04/2016

#### Requirements

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

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

#### Outcome 01: Health and Social Care Needs

##### Theme:

Safe care and support

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

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

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

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

**1. Action Required:**

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

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

In accordance with Regulation 29(5).

All prescriptions have been reviewed and any directions from the prescriber and pharmacist have been adhered to regarding the appropriate use of the product.

Number 1 – The maximum dose that can safely be administered in 24 hours is now consistently recorded.

Number 2 – The medication to be crushed for residents is now prescribed in this way in line with national guidelines.

All staff have been informed.

**Proposed Timescale:** 14/04/2016

**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:**

There was limited evidence that residents with dementia are consulted about and participate in the organisation of the designated centre concerned.

**2. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

In accordance with Regulation 09(3)(d) and Standard 2(2.4).

Presently there are five residents with dementia attending the Residents Association Meetings and participating in conversations. However the Registered Provider and Person in Charge are planning to meet with SAGE advocacy services personnel to establish a nominated person to advocate for residents with dementia.

**Proposed Timescale:** 30/04/2016

**Theme:**

Person-centred care and support

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

In house voting was not available at the recent election so some residents had not been

afforded the opportunity to vote.

**3. Action Required:**

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

In accordance with Regulation 09(3)(e).

The Registered Provider has contacted Kildare County Council to arrange for all residents in the nursing home who are not registered to receive application forms in order to be included in the Voting Register, affording each resident the opportunity to vote in future elections.

The application forms have been received.

**Proposed Timescale:** 14/04/2016

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

A copy of the complaints procedure was not on display in the centre.

**4. Action Required:**

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

In accordance to Regulation 34(1)(b).

Number 1 - A copy of the complaints procedure is now displayed at the front entrance to the nursing home. It clearly describes the complaint procedure for verbal and written complaints.

Number 2 – The Complaint Policy has been updated.

Number 3 – In relation to complaint received by the Authority prior to the inspection and discussed at the inspection please find attached the minutes of the meeting held with the family that contains outcomes and satisfaction of the complainant.

**Proposed Timescale:** 14/04/2016

**Theme:**

Person-centred care and support

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

The complainant's level of satisfaction with the outcome of the complaint was not

recorded.

**5. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

In accordance to Regulation 34(1)(f).

Complaints have been reviewed and those without the complainant's level of satisfaction with the outcome of the complaint have been updated in consultation with the complainant.

**Proposed Timescale:** 14/04/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Some staff did not hold all the relevant documents as required by Schedule 2 of the Regulations.

**6. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

In accordance with Regulation 21(1).

All Registered Nurses have been instructed to add to their files the original nursing certificate from their individual nurse training institutes.

All Qualified Nurses files now contain a copy of the original certificates.

**Proposed Timescale:** 14/04/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

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



**7. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Number 1- A company has been contacted and dementia friendly signage designs have been forwarded to them for sample production.

For example:

Dining Room, Sitting Room, Kitchen, Toilets, Bathroom, Laundry.

Number 2 – Fruits bushes and shrubs have been sought for the orchard garden.

Number 3 - The contrast bordering shown to the inspector on the day of the inspection is being applied at present.

Number 4 – Vibrant patterned crockery have been purchased to enhance the dining experience of resident with dementia.

Foldaway Stools have been purchased for the assisted nutrition dining room for staff to be at eye level with the resident they are assisting to encourage more interaction during meal times.

Number 5 – Board designs have been sourced for individual bedrooms of residents with dementia that will display clock, days of the week and months of the year on a coloured background in consultation with Dementia Champion advice.

Number 6 – A Dementia Champion has been invited to give a talk to all staff on care delivery and activity that is meaningful to the residents with dementia.

**Proposed Timescale:** 31/07/2016