

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Nenagh Manor Nursing Home
<b>Centre ID:</b>	OSV-0000422
<b>Centre address:</b>	Yewston, Nenagh, Tipperary.
<b>Telephone number:</b>	067 346 54
<b>Email address:</b>	msucharzewska@silverstream.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Foxberry Limited
<b>Provider Nominee:</b>	Joseph Kenny
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	Caroline Connelly
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	1

## **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: 08 March 2016 09:30 To: 08 March 2016 18:30

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	Substantially Compliant
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate

**Summary of findings from this inspection**

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 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 compared the service with 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.

During this inspection the inspectors focused on the care of residents with a

dementia both in the dementia focused unit and in the general nursing home. The inspectors met with residents, relatives, and staff members during the inspection. The inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

Overall, the inspectors found the provider and person in charge were very committed to providing a high quality service for residents with dementia.

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was an activities coordinator on duty to meet the social needs of residents. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The environment was interesting with plenty of objects to engage and interest residents.

The provider and person in charge had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around as they wished. The person in charge ensured the same staff were assigned to the dementia focused unit to ensure continuity of care to the residents. The staffing levels and size of the unit allowed for supervision of and time to spend with the residents. Signs and colours had been used in the centre to support residents to be orientated to where they were.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The operations manager outlined planned improvements to the premises to include the reconfiguration of the three bed rooms to twin bedrooms, the provision of a wheelchair accessible entrance area and direct access to a safe enclosed garden area for all residents. Other improvements required related to updating the complaints procedure and ensuring all nursing documentation was updated on a residents return from hospital and included in the action plan at the end of the report.

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

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

**Theme:**

Safe care and support

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

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

**Findings:**

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspectors noted that medications were regularly reviewed, and individually prescribed. Inspectors were satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspectors reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised inspectors that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the nursing home, they would consider if the residents needs would be met in that environment. The inspectors observed that pre admission assessments were completed by the person in charge for all residents prior to admission.

Comprehensive up-to-date nursing assessments were in place for all residents. A range

of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, continence, pain and functional behaviour.

The inspectors noted that care plans were in place for all identified issues. A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspectors that a detailed hospital transfer letter was completed when a resident was transferred to hospital. The inspectors reviewed the file of a resident who had recently been admitted to hospital and noted that the transfer letter included appropriate information about their health, medications and their specific needs. However, the inspectors reviewed the file of a resident who had recently returned from hospital and noted that assessments and care plans had not yet been updated to reflect the residents needs on return from hospital.

Nursing staff advised the inspectors that there were no residents with wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

The inspectors were satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were large menu boards which clearly displayed what food choices/dishes were available for each meal. Mealtimes in the dining rooms were unhurried social occasions in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre on a weekly basis and reviewed all residents post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents. The inspectors noted that the communal day

areas were supervised by staff at all times.

Staff provided end of life care to residents with the support of their GP and the palliative care team. The inspectors reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Many staff had undertaken training in end of life care provided by the Irish hospice 'What matters to me - final journeys' and some staff had attended a seminar on end of life for people living with dementia.

The social care needs of each resident were assessed and records were maintained of each residents participation in activities. Detailed life histories, a 'Key to me' had been documented for residents and staff were observed to use this information when conversing with residents. There was a full time activities coordinator employed in the centre. She had completed training in Sonas and imagination gym specifically to support the delivery of appropriate activities for residents with a dementia. The activities coordinator carried out group and individual activities with residents. The weekly activities schedule was displayed and the inspectors observed residents enjoying a variety of activities during the inspection. Scheduled activities included Sonas sessions, imagination gym, soft ball exercises, arts and crafts, music and singing, bingo, newspapers group and listening to music. Other activities that took place included card games, walking, flower arranging, live music sessions, weekly mass and outings. Staff were observed carrying out 1:1 activities with residents including hand massage, card games and jigsaws. The inspectors observed staff encouraging residents to move around and having conversations. During this time the staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact. Other staff walked and talked with residents or spent time sitting with them.

The person in charge spoke about bringing about improvements to activities for residents including the plan for more outings to places of interest in the locality, the provision of a new imagination room and the plans to improve access to the garden area. Plans were in place to celebrate the Easter Rising and posters were displayed throughout the centre encouraging relatives to get involved in the celebration.

**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 provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Staff spoken with were clear regarding their responsibilities and the person in charge was clear regarding her role. Allegations of abuse in the past had been appropriately managed in line with the centres policy.

The inspectors reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a reduction in the use of bedrails, there were 16 residents using bed rails at the time of inspection and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspectors reviewed a sample of files of residents using bedrails and found that risk assessments detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented.

The inspectors observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines. The inspectors observed this taking place in practice.

The inspectors reviewed a sample of files of residents presenting with behaviours that challenged and noted that comprehensive care plans were in place to guide staff. There was evidence of regular multidisciplinary review as well as regular reviews of medications.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspectors were satisfied that robust systems were in place for the management of residents finances. The inspectors saw that these accounts were managed in a clear and transparent manner. Regular audits were carried out by the person in charge and the assistant director of nursing (aDoN). External audits were completed by staff from head office.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents and relatives spoken stated that they were supported by excellent staff and received very good care.

**Judgment:**  
Compliant

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected. However, the size and layout of some of the three bedded rooms did not promote the privacy and dignity for those residents. This is actioned under Outcome 6 Safe and Suitable Premises.

Residents committee and relatives information and support meetings were held on a regular three monthly basis and were facilitated by the advocacy manager. Notice of upcoming meetings were displayed, relatives were also contacted and invited to attend. Minutes of meetings were recorded, issues discussed included catering/food, activities/day trips and development plans. The redevelopment of the garden and wheelchair access to the centre continued to be a priority for the relatives group. The operations manager informed inspectors that these issues will be addressed following the development works planned for the centre for which planning permission had been recently granted. This is discussed further under Outcome 6 Safe and suitable Premises.

The inspectors noted that the privacy and dignity of residents was well respected. Most residents had single bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms. However, the size and layout of some of the three bedded rooms did not promote the privacy and dignity for those residents. The operations manager told inspectors that plans were in progress and planning permission had been granted to redevelop and extend the centre. The plans included the reconfiguration of the three bed rooms to twin bedrooms.

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how they enjoyed availing of the service.

The inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspectors observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred times in their preferred location. Inspectors observed this happening in

practice.

Residents' religious and political rights were facilitated. The local priest visited and celebrated Mass weekly. Eucharistic ministers visited twice weekly. Staff stated that many of the residents enjoyed attending mass and reciting the rosary. Ceremonies from the local church were available by radio link and some residents told inspectors that they enjoyed listening to the daily mass. The person in charge told inspectors that residents of varying religious beliefs were facilitated as required. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent general election.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Residents had many visitors during the inspection and relatives spoken with were very complimentary of the service provided.

As part of the inspection, the inspectors spent periods of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of one and half hours during of the inspection day. An overview of the observations is provided below:

The inspectors found that for 85% of the observation period (total observation period of 90 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks, choice of preferred place to sit, reassured a resident who was worried about her belongings, staff carried out 1:1 activities with the residents, staff fully explained to a resident what they were doing in relation to moving them from a wheelchair to their chair. Residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found evidence of good complaints management, however, the complaints procedure required updating.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed however, it required updating to include details of the independent appeals process.

The inspectors reviewed the complaints log and noted that comprehensive details of all complaints were included. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

The inspectors found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents on the day of inspection.

Relative's and residents spoken with were complimentary regarding the staff stating that they were both caring and competent. Staff were supervised to their role and appraisals were also conducted. There were two nurses and nine care staff on duty during the morning time, two nurses and six care assistants on duty in the afternoon and evening time and two nurses and three care assistants on duty at night time. The person in charge was normally on duty during the day time. Due to recent shortages of nursing staff there was one nurse and four care staff on duty some times at night time. The person in charge outlined how they were currently in the process of recruiting additional nursing staff, one who had recently started and others who were due to commence work during March, April and May 2016. Inspectors were satisfied that there was a comprehensive induction programme for all new and pre-registration nursing staff.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty

at all times, with a regular pattern of rostered care staff. The staffing complement included activity coordinator, catering, housekeeping, administration and maintenance staff. The person in charge ensured that two care staff were always assigned to the dementia focused unit to ensure continuity of care to the residents. Many of the care staff spoken with had worked in the unit for several years.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, infection control, hand hygiene, medication management, end of life care, continence and nutrition. The activities coordinator had completed training in Sonas and imagination gym.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

**Judgment:**  
Compliant

### ***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 premises was generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The premises comprised a home set over three floors including a separate 10-bed dementia focused unit on the ground floor. However, the four (three bedded rooms) on the second floor of the centre did not comply with the Authority's Standards and the size and layout of some of these rooms did not promote the privacy and dignity for those residents. The operations manager told inspectors that plans were in progress and planning permission had been recently granted to redevelop and extend the centre. The plans included the reconfiguration of the three bed rooms to twin bedrooms, the provision of a wheelchair accessible entrance area and direct access to a safe enclosed garden area.

During the inspection, inspectors noted some risks which they brought to the attention

of the person in charge and the operations manager. The door to one bedroom was held open by a wooden wedge and another bedroom door was held open by a chair which posed a risk to residents in the event of fire. There were no risk assessments completed for the open staircases which could pose potential risk to some residents. They both undertook to immediately address the issues and emailed the inspector the day following the inspection confirming that the issues had been addressed.

Overall, the premises promoted dignity and wellbeing. There was adequate lighting and ventilation and an appropriate heating system in place in the centre. The centre was decorated in a homely manner with sufficient furnishings, fixtures and fittings. On the day of the inspection, the centre was clean and suitably decorated.

There was a variety of communal day space, with spacious sitting rooms, dining rooms and recreation rooms. There was a separate smoking room. Private accommodation was sufficient and there were adequate facilities for residents to meet visitors in private.

Residents' bedrooms were individually decorated with suitable storage facilities for personal possessions. Bedrooms either had wash hand basins or full en-suite facilities with a toilet, shower and wash hand basin. Shared rooms had privacy screening in place to ensure privacy for personal care. There was a safe for the safe-keeping of residents' personal money and valuables.

There was a functioning call bell system in place. A lift was provided between floors and records of servicing were up to date. Handrails were provided in circulation areas and on stairways and grab rails were provided in bath, shower and toilet areas. The flooring was in good repair throughout the centre.

Residents had access to equipment that promoted their independence and comfort. Equipment seen by inspectors was found to be fit for purpose and was properly installed, used, maintained, tested and serviced.

Access to and from the dementia focused care unit was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care units. A conservatory was also provided. Each resident had their own bedroom, which were individually decorated and attractive. Colour, lighting and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were brightly coloured and colour and signage was used to assist residents to locate toilet facilities independently. The corridors were wide and bright and allowed for freedom of movement. The unit was well-maintained and pleasantly decorated with colourful art work on the walls that had been created by residents. Residents had direct access to a secure pleasant outdoor space.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

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

Mary Costelloe  
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>	Nenagh Manor Nursing Home
<b>Centre ID:</b>	OSV-0000422
<b>Date of inspection:</b>	08/03/2016
<b>Date of response:</b>	04/04/2016

### 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:**

Assessments and care plans had not been updated to reflect a residents changed needs on return from hospital.

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

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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

it, after consultation with the resident concerned and where appropriate that resident's family.

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

It is the homes policy to update care plans in such circumstances as when a resident returns from hospital to reflect their changing care needs. There has been a team meeting with the staff nurses, in relation to the re-assessment of residents and update of care plans on return from hospital.

Care plans are currently audited by the PIC on a monthly basis and this is overseen by the Group Clinical Governance Team. Results of these audits are communicated to the relevant staff nurses at team meetings to ensure care plans comply with the policy Re: re-assessment and update of care plans.

**Proposed Timescale:** 11/03/2016

**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:**

The complaints procedure was clearly displayed however, it required updating to include details of the independent appeals process.

**2. Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The Complaints Procedure displayed around the house now includes details the independent appeals process.

The Company Policy –'Responding to Complaints' which was up dated on the 08/09/2015 also includes details for the Office of the Ombudsman.

**Proposed Timescale:** 30/03/2016

**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:**

The four (three bedded rooms) on the second floor of the centre did not comply with the Authority's Standards

and the size and layout of some of the three bedded rooms did not promote the privacy

and dignity for those residents.

**3. 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:**

We received a successful Grant of Permission decision for an additional 10 single en suite bedrooms and remodelled reception and sun lounge above.

This will allow us get closer to the 80:20 ratio of single to multiple bed accommodation.

We plan to:

- Prepare tender construction documents for issue by June 2016
- Secure finance to begin the project by September 2016
- Begin construction October 2016
- Complete construction for registration for April 2017
- On completion we intend to reduce the 4 x 3 bed rooms to twin bedrooms

We have not received any negative feedback in terms of a lack of privacy and dignity from our residents in the 4 x 3 bedded rooms. We have already remodelled these rooms in terms of screens and nurse call and lighting etc and restricted the level of dependency in these rooms in an effort to ensure same.

**Proposed Timescale:** 30/04/2017