Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Sancta Maria Nursing Home
Centre ID:	OSV-0004589
Centre address:	Parke, Kinnegad, Meath.
Telephone number:	044 937 5243
Email address:	sanctamarianh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Compóird Teoranta
Provider Nominee:	Pat Shanahan
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 November 2016 10:00	08 November 2016 19:00
09 November 2016 08:00	09 November 2016 15:00

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

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

Summary of findings from this inspection

This was an announced inspection and took place over two days. The inspection was completed in response to an application made by the provider to vary a condition of the centre's registration by 35 beds from a maximum occupancy of 43 to 78 beds following construction of a new extension to the current designated centre.

On the days of inspection, the inspector spoke with residents, relatives and staff

members and reviewed documentation including resident assessments and care plans, policies, risk management, audits and staff training records. Progress with completion of the action plan developed from findings of the last inspection of the centre by the the Health Information and Quality Authority (HIQA) in March 2015 was also reviewed. There were 15 actions identified in the action plan from the last inspection, all of which were addressed with the exception of two actions which are restated in the action plan for this inspection. Unsolicited information received by HIQA regarding inadequate heating in specified parts of the centre and over sedation of residents was also reviewed and was not substantiated by the inspector's findings.

Residents were consulted about the operation of the centre and the were informed regarding the new extension. Arrangements were in place to facilitate them to view it and change their current room location if they wished. The collective feedback from residents and relatives spoken with was complementary in relation to care and the service provided.

The inspector found the new extension provided a comfortable and spacious environment for residents and was in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The newly built extension was found to provide enhanced indoor communal space and safe and secure outdoor space. Bedrooms were spacious and bright.

The inspector found that residents were protected from abuse and that all staff were appropriately vetted. All staff interactions with residents as observed over the two days of inspection were respectful, kind and supportive. The management team and staff demonstrated their commitment to ensuring residents had a good quality of life in the centre.

Residents care documentation was stored on a computerised data management system that was password protected. The inspector found that improvements were required in the documentation to direct and record care activities and to ensure residents needs were comprehensively met.

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

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

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose and function contained all of the information as required by the Regulations. The document was revised to reflect the additional accommodation and service provided by the new 35 bed extension to the current premises. A copy of the statement of purpose and function was available in the centre reception area and was accessible to residents. The statement of purpose and function clearly described the range of needs that the designated centre intended to meet and outlined the services provided.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that the management structure was clearly defined. Lines of authority and accountability and reporting arrangements were evident from the inspector's observations and speaking with staff on the days of inspection. Systems and

structures were in place to ensure the centre was effectively governed and managed. There was evidence of meetings convened by the management team with each staff grade to ensure comprehensive team communication. These meetings were minuted and actions identified were followed through to completion. There were adequate resources provided to ensure effective delivery of care and service as detailed in the centre's statement of purpose and function. Arrangements were in place to provide additional staffing resources to meet the needs of 35 additional residents into the newly completed extension to the current premises.

There were systems in place to monitor the quality and safety of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspector saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were comprehensively analysed and identified learning. However action plans were not consistently developed to address all improvements in a small number of areas monitored. This did not effectively inform satisfactory completion of improvement identified by means of analysis of audit findings.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2015. A copy was forwarded to the Health Information and Quality Authority (HIQA) and was available for review on inspection. This report was also made available to and discussed with residents.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The resident's guide document was recently reviewed to take account of the new extension to the current premises. It was available to each resident and accurately described the services provided.

Each resident had a contract of care. The inspector reviewed a sample of these and found they were in compliance with the requirements of the Regulations with the exception of an absence of statement of additional fees charged at 35 euro per week for additional services such as physiotherapy, occupational therapy and recreational activities. The cost of the accommodation fee and services was detailed for each resident. Contracts of care and service were signed by the resident themselves in some

cases or on their behalf by their representative.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has been in post since December 2005. She has extensive nursing experience including care of older persons. The person in charge works full time in the centre and is suitably qualified for this role. She has completed a postgraduate management qualification. The person in charge is supported by the provider and a healthcare manager. Within the centre, the person in charge is supported by two clinical nurse managers, staff nurses, an activity coordinator, carer staff, catering, household, laundry and maintenance staff.

The person in charge demonstrated that she is engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She is based at the designated centre and residents knew her well. The person in charge facilitated the inspection and was efficient in provision of information and documentation as requested. She was aware of the Regulations and her legal responsibilities including submission of statutory notifications to HIQA in accordance with the requirements of the Regulations. The person in charge demonstrated competence in her role and provided good leadership to the staff team.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained and available for review.

Written operational policies were in place as required by Schedule 5 of the Regulations and were up to date. The admissions discharge and transfer policy and the staff recruitment policy was available and reviewed by the inspector.

The directory of residents was maintained and contained all required information.

Records to be maintained in respect of each resident as described by the regulations were secure and in place, most of which was stored on a computerised data storage system protected by password. Each member of staff and members of the multidisciplinary team were provided with their own password.

Some records in relation to residents' information as required by the schedule 3 of the regulations required improvement. For example; some residents' records did not confirm that residents or their next of kin were involved in all decisions made regarding advanced directives or that all relevant members of the multidisciplinary team were involved in this process. Staff signatures to validate transcription of medication prescriptions were not consistently recorded. Instruction to 'crush' some residents' medications was not consistently indicated on residents' prescriptions. The format of medication administration record sheets did not provide sufficient space to enter anomalies such as refusal to take medication or a rationale for withholding administration of medications.

A sample of staff employment files were reviewed and contained all information as required by schedule 2 of the regulations. All staff in the centre were appropriately vetted.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
There was an arrangement in place for any absence by the person in charge. The deputising clinical nurse manager worked on a supernumerary basis in the centre while the person in charge was on any leave. Deputising arrangements were documented in the centre's statement of purpose and function.

The provider and person in charge were aware of their statutory responsibility to notify the Chief Inspector of any proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during any absence of greater than 28 days.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Measures were in place to safeguard and protect residents from abuse. A policy was available to inform prevention, detection, reporting and responding to allegations, incidents or suspicion of abuse. An action from the last inspection in March 2015 required documentation of indicators of abuse in the policy document to ensure all staff were sufficiently guided in recognising possible abuse. The inspector noted that this action was satisfactorily completed. Staff spoken with were able to describe their responsibilities to protect residents and were informed regarding indicators and types of abuse and their responsibility to report any suspicions or allegations of abuse. Training records indicated that staff had received training on the protection of vulnerable adults. Staff and residents confirmed that there were no barriers to them disclosing any suspicions or incidents of abuse. Residents told the inspector that they felt safe in the centre. Arrangements were in place for management and investigation of any allegations or incidents of abuse.

There were policy documents in place that promoted a positive approach to managing

behaviours and psychological symptoms of dementia (BPSD). A number of staff had completed dementia training that included management of responsive behaviours since the last inspection in 2015. A two-day staff training programme in dementia care was under way for 2016. Staff were knowledgeable regarding their responsibility to support residents with responsive behaviours. The inspector observed staff to be kind and respectful towards residents in all of their interactions during this inspection. Residents with symptoms involving responsive behaviours were well cared for and had behavioural support care plans in place. Staff were aware of the triggers and the most effective person-centred interventions to de-escalate any incidents of responsive behaviours. However, improvement was required in the information documented in residents' behavioural support plans regarding effective de-escalation interventions to ensure a consistent approach was communicated. This finding is actioned in outcome 11. A restraint register was maintained. Bedrails were observed to be in use for a low number of residents at night and their use reflected national restraint guidelines. No residents were administered p.r.n. psychotropic medications on this inspection.

There were systems in place to safeguard residents' money. The centre held money on behalf of a number of residents and documentation was available to reference all transactions. This money was kept securely and was accessible to designated staff members only. Residents could access their money as they wished and transactions were dual signed and recorded individually for each resident on a balance sheet record. The inspector reviewed the receipts and balances for a sample of residents and found that they were accurate.

Closed Circuit Television (CCTV) monitoring was in use throughout the centre. Cameras were located in communal sitting and dining areas. The provider advised that these cameras were in place for health and safety purposes and had taken measures to ensure they did not impact on residents' right to privacy in these areas. Viewing was confined to one monitor kept in a secure area accessible only to designated persons. A policy document informed appropriate use of CCTV in the centre. Notices advising that CCTV was in operation were clearly displayed inside and outside the centre.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The inspector found the health and safety of residents, visitors and staff was promoted and protected. Non-compliant findings on this inspection in infection prevention and control procedures regarding storage of residents' equipment in a communal

toilet/shower were satisfactorily addressed on inspection. The inspector was satisfied that reoccurrence will be mitigated with provision of appropriate storage for this equipment in the new building extension.

Policies and procedure were available to inform the health and safety of residents and others in the centre. An up-to-date safety statement was available. The centre's risk management policy was in compliance with Regulation 26 (1). A risk register was maintained and referenced environmental, chemical and clinical hazards with appropriate controls identified to mitigate the level of risk identified. The inspector saw where a hazard had been identified; a control was put in place to mitigate the risk found. For example sharp edges at junctions of new handrails on corridors were sanded down to mitigate risk of injury to the skin of residents' using them. An emergency plan was in place and outlined actions to take in the event of flooding, fire or failure of lighting/heating energy supply. A water reservoir was maintained on-site to support fire fighting procedures if necessary. An electricity generator was also available to ensure lighting and heat supply was maintained in the event of electricity mains failure.

Infection prevention and control procedures were in place. A colour coded and flat-mopping system was used in the centre. The new extension provided single bedroom accommodation with en-suite toilet and shower facilities. There were provisions in place to increase household staff hours when the new extension becomes operational. Additional house staff hours were supported to ensure the new extension was thoroughly cleaned in preparation for new resident admissions. The new extension provided appropriate storage facilities for cleaning equipment in two secure designated cleaner's rooms. Hand hygiene stations were provided throughout the current and new extension premises. Staff were observed to complete hand hygiene procedures regularly and as appropriate. A policy document was available to inform infection prevention and control procedures in the centre. A laundry facility was provided. The layout of this laundry required improvement to meet the needs of an increase in the occupancy of the centre. Adequate worktop space was not provided for segregation of clean and used laundry. The inspector observed that various linen baskets were in use for linen segregation purposes on the days of inspection. This practice did not reflect evidence based infection prevention and control procedures. An entrance and exit door provided in the laundry did not meet their stated purpose within the current layout of this facility. Alginate bags were used for management of soiled linen. The sluice rooms were key-code locked and bedpan disinfection units were fitted. Appropriate bedpan/urinal storage was not provided in the sluice in the new extension. Appropriate waste bins were not in place in the new extension. The inspector was advised that these items were on order and imminent delivery was expected. There was also no lockable storage provided for hazardous chemicals in the sluice and cleaner's rooms.

Adequate precautions were in place to mitigate risk of fire in the centre. The centre was equipped with adequate fire safety equipment such as evacuation sheets on resident’s beds, fire fighting extinguisher equipment, emergency lighting and fire doors. All fire exits were clearly indicated with appropriate signage displayed and were free of any obstruction. Fire exits were secured by electromagnetic locks which disengaged on activation of the fire alarm. Residents' bedroom doors were fitted with self-closure units and appropriate smoke seals. All current residents’ evacuation needs were assessed in terms of staffing support and equipment needed for safe evacuation to a place of safety.

This information was detailed on an information sheet kept in each resident's bedroom. Emergency lighting was provided and the main lights in residents' bedrooms in the new extension also served as emergency lighting. Integration and testing of the fire alarm system in the current and new extension premises was completed. Staff training in fire safety to account for procedures in the centre when the new extension becomes operational was underway. A staff training session was observed to be in progress on one of the days of this inspection. Staff spoken with were aware of the evacuation procedures and confirmed they had received fire safety training and participated in a fire evacuation drill. Staff training records confirmed that most staff had completed annual fire training which included a fire evacuation drill. Further training was scheduled for 2016 to complete this mandatory training for staff. Fire safety management records were maintained. However, the inspector observed that there were gaps in daily checking schedules of fire doors. Arrangements were in place for weekly testing of the fire alarm system, quarterly emergency lighting and annual fire equipment servicing.

The inspector observed that emergency pull chords were available and accessible if required in the event of a resident requiring assistance. Nurse alert call-bells were fitted and in working order by each resident's bed. Environmental temperature monitoring was in place. Heating thermostats were fitted in all bedrooms, communal areas and corridors in the new extension. A radiator in the current premises was found to exceed safe temperature limits at the point of contact as recommended in the national standards published by HIQA. This finding was addressed immediately and a documented monitoring record was implemented to ensure temperatures of all radiators in the current centre did not pose any further risk to residents. Underfloor heating was provided in the new extension. Hot water temperatures at the point of contact were within safe temperature limits.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Residents were protected by safe medication management practices in the centre. A policy document was available to inform practice. The inspector observed administration of medication to residents and found that practices reflected professional guidelines. The staff nurse was courteous to residents while administering medications and ensured to read medication from the prescription sheet prior to administration. She also took time to explain the rationale for the medication to some residents. The staff nurse

signed the medication administration record sheet once she was satisfied the resident had taken the medication. The inspector observed good hand hygiene practices in between dispensing each resident's medication.

Nurses transcribed residents' prescriptions. The signature records to validate this process were not consistently recorded. This finding was acknowledged and corrected on newly written prescriptions seen by the inspector that were being prepared for signature by the residents' GP. The instruction to 'crush' some residents' medications was also omitted on some prescriptions and was corrected on new prescriptions seen by the inspector. The format of the administration record sheet did not provide sufficient space to enter anomalies such as refusal to take medication or a rationale for withholding administration of medications. The inspector was advised that this finding had been identified prior to the inspection and the person in charge was working with the pharmacist to address it. These areas of non-compliance with the regulations are actioned in outcome 5.

The storage of residents' medications was found, for the most part, to be in line with professional guidelines. The inspector observed that a secure clinical room was provided in the new extension. Medication storage trolleys were observed to be locked and secured to the wall as appropriate. Storage and record keeping of medications controlled under misuse of drug legislation met requirements. There was a procedure in place for removal of out-of-date or unused medications from stock and return to the pharmacy. The pharmacist was facilitated to meet their statutory obligations to residents including availability to discuss their medications with them. Medication audits were completed and were made available to the inspector.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
A record of all incidents and accidents to residents that occurred in the centre was maintained and, where required were notified to the Chief Inspector. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the provider and person in charge.

A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of September 2016 including use of restraint. The person in

charge was aware of the legal requirement to notify the Chief Inspector regarding accidents and incidents.

Judgment:
Compliant

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

Theme:
Effective care and support

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

Findings:
There were 35 residents accommodated in the centre, two of whom were in hospital on the days of this inspection and over half the residents were assessed as having maximum dependency needs.

Residents had good access to a choice of GPs, allied health professionals, palliative care and psychiatry of older age services. Residents' documentation confirmed they had timely access to these specialist services as necessary. Residents spoken with expressed their satisfaction with the care they received and the staff team delivering their care. A physiotherapist and occupational therapist were contracted by the provider as part of the service provided to residents. Each resident was provided with physiotherapy and occupational therapy support as part of their care in the centre. A speech and language therapist and a dietician attended the centre as necessary. Residents with swallowing difficulties and residents at risk of unintentional weight loss were assessed regularly and referred appropriately for specialist consultation. The speech and language therapist and dietician set out recommendations to modify residents' foods/fluids or supplement their intake as appropriate. Recommendations made were documented in residents' care plans and communicated to the chef. Residents' weights were checked on a monthly basis or more often if necessary to facilitate closer monitoring and timely intervention.

The inspector's findings confirmed that the healthcare needs of residents were comprehensively met in practice and no deficits in care were identified. Although there was improvement in residents' care documentation since the last inspection in March 2015, further improvement was required. Care planning documentation required further improvement to ensure residents' pain was comprehensively assessed. Improvement was also required to ensure that interventions to direct care were clearly documented in

some residents care plans to guide consistent care practices. For example, detail regarding effective de-escalation interventions in residents' behavioural support plans to ensure a consistent approach was communicated to staff required improvement. The detail of information recorded in residents' activity care plans to meet their interests and capabilities also required improvement. Residents' care needs were assessed using validated risk assessment tools. However, a resident with pain supported by palliative care services did not have a pain assessment or care plan completed to inform their care. Daily progress notes were completed and were generally linked to care plans. Although there was regular review of care plans, there was inconsistent documentation supporting concurrent consultation with residents and/or their next of kin to ensure the care and support provided reflected the assessed needs and wishes of residents.

The inspector reviewed pressure ulcer preventative procedures and wound care management. There was one resident with a pressure related wound that occurred in the centre. This incident was an outcome of this resident's responsive behaviour due to their dementia. Pressure relieving procedures with concurrent support from GP, occupational therapy, dietetic and specialist psychiatric and wound care services resulted in improvement. Assessment of risk of skin breakdown was completed using a validated tool; however the tool in use did not comprehensively reflect the level of this resident's risk of skin breakdown. Equipment such as pressure relieving mattresses and cushions in addition to care procedures such as repositioning techniques were used appropriately. Wound care procedures were also reviewed by the inspector and found to reflect evidence based practice. Wounds were photographed to support tracking of progress. Comprehensive monitoring and a wound treatment plan were in place for residents as necessary. The inspector spoke with a staff nurse in the centre who had a postgraduate master's degree in wound care qualification. He supported staff in the centre with providing evidence based pressure ulcer preventative procedures and wound care management for residents.

Fall incidents to residents were found to be appropriately managed. The incidence of resident falls in the centre was closely monitored as part of the centre's quality and safety review system. All residents had their risk of fall assessed on admission and regularly thereafter. The centre's physiotherapist was involved in assessment and management of residents at risk of falling or residents who had sustained a fall in the centre. The centre used an 'Autumn Leaves' system displayed by the door to residents' bedrooms to discretely communicate level of risk to staff. Falls and injury prevention equipment was also in use and identified as controls to mitigate risk for residents at increased risk of fall such as foam floor mats, sensor mats, low level beds, hand and grab rails and hip protectors.

Residents' good health was promoted by regular physiotherapy provided by the centre's physiotherapist, annual influenza vaccine and routine blood and vital sign screening. Staff were trained in administration of subcutaneous fluid administration to support residents with acute hydration needs negating unnecessary hospital admission.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The current designated centre is a single storey premises consisting of 25 single bedrooms, 20 of which have en suite facilities and nine twin bedrooms. The provider intends to increase accommodation for residents by means of a newly built extension to the current centre consisting of 35 single en suite bedrooms. In total residents' accommodation in the centre will consist of 55 single bedrooms with en-suite toilet/toilet and shower facilities and 5 single and 9 twin bedrooms with a hand basin sink in each.

The inspector found that the new extension meets its stated purpose to a good standard. The new extension provides a spacious and airy reception area and will become the main reception to the centre. Accommodation was in place for reception staff, office space and the person in charge's office in the new reception area. This location negated cause for visitors to access residents' accommodation to contact key staff. There was adequate sitting, recreational and dining space available other than in resident's private accommodation.

A spacious, bright and comfortable rest area was located in the reception; in addition to two other areas of seating either side of double doors to an enclosed garden. Residents' communal accommodation included a large sitting/dining area and a comfortable activity room. There was access from the activity room to a spacious internal courtyard. In total residents' communal space consisted of a spacious sitting/dining room and a seated activity room, two sitting rooms and a dining room in the original premises building. A two-room palliative care suite was available. One room within this suite accommodated a single bed, furnishings and an en suite shower and toilet. A ceiling hoist was fitted in the bedroom and en suite area. The other room provided a kitchenette and comfortable seating to facilitate families of residents accommodated in the palliative care suite to stay overnight. Ceiling hoists were fitted in three other bedrooms and en suites in other areas of the new extension. A hairdressing room and a smoker's room were also provided for residents' convenience. The new extension also contained a staff training room, communal toilets which were wheelchair accessible, a sluice, two cleaner's rooms, an assisted bathroom, a clinical room and nurses' station. A kitchenette with a service hatch to the residents' sitting/dining room was provided in the new extension. Residents' food is cooked in the main kitchen in the current designated centre and transported by heated trolley to a bain maire in this kitchenette. The new extension provided a number of storage areas for residents' equipment, laundry, clinical and household supplies. An

action plan from the last inspection in March 2015 requiring review of storage space available to residents in twin bedrooms in the current centre was reviewed by the provider with additional space provided. Two residents were provided with divan-type beds. One resident requested this type of bed. Both residents were mobile. The provider acknowledged that this style of bed does not meet best practice moving and handing procedures and advised that arrangements were in place to replace them with profiling beds.

The current premises and the new extension gave residents opportunity to access two enclosed courtyards and an enclosed garden. The palliative care suite was located adjacent to a smaller courtyard with double door access to facilitate the bed to be wheeled out so frail residents in this area can enjoy warm weather if they wished. Outdoor seating and tables were placed at various points throughout. The new extension was brightly decorated, with natural light entering all resident areas. Floor covering in the new extension did not have bold patterns and as such promoted accessibility for residents with dementia. Although not in a contrasting colour to surrounding walls, handrails were located on both sides of all corridors. Grab rails were in place in en suite and communal showers and toilets. There was adequate assistive equipment to support residents' needs and service records were available and up to date. New bedrooms were spacious and were equipped with a locker, a wardrobe with a drawer unit insitu, a chair, a television and a bed for each resident.

The Laundry is located on-site and facilities and arrangements required review to ensure layout and worktop space provision reflected the infection prevention and control standards. This finding is discussed and actioned in outcome 8. The inspector observed that the paint on some surface areas of walls, radiators, doorframes and skirting was damaged by passing equipment in the current centre premises. However, painting was in progress on the days of inspection to address this finding. The person in charge advised the inspector that further upgrade work was planned to address communal toilets and floor covering in some areas of the current centre.

Air extractors were being installed in the hairdressing salon and the smoking room to ensure fumes and smoke was removed from these areas. Foot-paths, road surfaces and car parking were extended to incorporate the new extension building. Set-down and disabled parking spaces were displayed within close proximity of the main entrance to the centre. Green areas were landscaped with newly planted lawns and flower-beds. Precautionary signage was displayed for safe vehicular and pedestrian traffic management. External lighting was in place.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a policy and procedure in place for managing complaints in the centre. A summary of the complaints' procedure was displayed and this was also included in the residents' guide document. The complaints procedure in the centre was in compliance with the regulations and included an appeals process.

A system was in place for recording verbal and written complaints. The inspector reviewed the complaints log and observed that all complaints made for 2016 were verbal. The record detailed the action taken following investigation and recorded the satisfaction of the complainant with the outcome.

The person in charge was the nominated person to deal with complaints. A person was also nominated to ensure that complaints were appropriately recorded and responded to.

Residents spoken with were aware of their right to complain. Staff were aware of what to do should they receive a complaint and were familiar with the procedure. Advocacy services were available to assist residents with making a complaint if necessary.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There were no residents in the centre in receipt of end of life care on the days of inspection. A policy document was in place to inform care of residents at the 'end of life' stage of their lives.

Many residents had advanced directives in place and had communicated their decision regarding their end of life care and this information was documented. However, a number of these records did not confirm that residents or their next of kin were involved in all decisions made or that all relevant members of the multidisciplinary team were involved in this process. This information was maintained as a paper record while all

other care documentation was maintained as an electronic record. This finding is actioned in outcome 5. The wishes of residents following their death were generally recorded where available.

Community palliative services attended the centre to support residents with pain and symptom management on referral. Families were facilitated to stay overnight in the centre with residents who are in receipt of 'end of life' care. The new extension to the premises provided a palliative care two roomed suite with kitchenette and sitting/sleeping accommodation. Residents had access to religious clergy to meet their faith needs.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The inspector found that residents were provided with a nutritious and varied diet to meet their nutritional needs in the dining room by means of a 'two sitting' arrangement. The person in charge advised the inspector that this arrangement would be continuing when the dining facility in the new extension was also operational as it met the needs of residents who needed assistance and additional time to eat their meals. The centre has policies in place to inform management of the nutritional and hydration needs of residents. The policies included evidence based practice and procedures to advise staff on nutrition assessment and hydration. An accredited nutritional risk assessment tool was used to assess residents' needs. Residents' weights were regularly assessed, documented and closely monitored with corrective actions implemented where risk was identified. Staff had attended training on food hygiene and the nutritional needs of residents. A dietician was available and attended residents with identified support needs. The dietician was also involved in reviewing the menu to ensure it met residents' nutritional needs and choices.

Residents with swallowing difficulties were appropriately referred and assessed by the speech and language therapy (SALT) service.
There was evidence that the dietician and SALT recommendations were implemented and were copied to the kitchen for reference by the chef. Residents with swallowing difficulties who required assistance were assisted discreetly and sensitively on a one to

one basis by staff who maintained eye contact with them to ensure their safety with eating.

The dining room was decorated in a familiar domestic style to promote residents' comfort. Each table in the dining room was dressed with a fresh fabric tablecloth at each mealtime. A selection of condiments was available for use by residents to suit their tastes. The inspector saw that there was a choice of two hot meal options offered on a daily basis to residents for their lunchtime and teatime meals. The inspector observed that one resident liked a glass of wine with her lunchtime meal and this was provided. The chef told the inspector that other residents liked to have a glass of wine with Sunday lunch. The menu was clearly displayed on a display stand outside the dining room. The chef demonstrated preparation of picture menus to assist residents with dementia and communication difficulties to make informed menu choices. Residents spoken with by the inspector expressed their satisfaction with and enjoyment of the food provided. The chef prepared alternatives to the menu on offer for residents if requested. Residents had a choice of fluids to drink with their meals including milk and were offered hot and cold beverages and snacks throughout the day. Records were maintained of food prepared for residents on a daily basis.

The kitchen was operational each day until 18:30hrs to ensure all residents' nutritional needs were met. The provider and person in charge discussed a staffing plan in place to increment chef and catering staff hours in tandem with resident admissions to the new extension.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Residents were consulted in relation to the running of the centre with regular meetings convened and facilitated by the activity co-ordinator and feedback was used to inform improvement initiatives in the centre. Arrangements were in place to accompany residents on tours of the new extension. Many residents told the inspector on the days of inspection that they were looking forward to seeing it. Residents were given the

option of moving to a bedroom in the new extension if they wished. The inspector observed that staff got consent from residents for care interventions and gave them choice regarding their daily activities in the centre.

There was a policy of open visiting in the centre with protected mealtimes. A variety of communal areas in addition to seated areas in the new extension were available for residents to meet their visitors in private if they wished. The inspector observed visitors calling to see residents throughout the days of inspection. Relatives spoken with spoke positively about the care and support residents received.

The inspector observed that residents received care in a dignified way that respected their privacy at all times during the days of inspection. Staff were observed knocking on residents' bedroom doors and closing doors to bedrooms and toilets during personal care activities. The inspector also observed that all staff interactions with residents were respectful, courteous and supportive. Staff addressed residents by their preferred name and it was evident staff and residents knew each other well.

Residents were facilitated to participate in activities in the two sitting rooms. The activity co-ordinator told the inspector that she also used the dining room for a sensory based activity programme for residents with dementia. There was a good variety of interesting activities that residents enjoyed. The variety of activities provided ensured that all residents could participate in an activity that interested them and met their capabilities. The inspector found that improvement was required in residents' activity needs assessment documentation and also in the programmes developed for each resident to ensure continuity. This finding is actioned in outcome 11. The activity co-ordinator worked five days each week. The person in charge advised the inspector that activity co-ordination staff would be increased to meet the needs of increased resident occupancy facilitated by the new extension to the current centre. The centre had a bird cage with two small birds insitu and a dog therapist visited residents each week.

Residents were facilitated to meet their religious/spiritual needs. A communication policy was available to inform staff on management of residents with communication difficulties. The communication of needs of residents was addressed in their care plans. The current resident environment was cosy and comfortable. It was decorated and furnished in a style that was familiar to residents. Items of memorabilia were in place at various points throughout the centre. The person in charge told the inspector that with the input of residents and staff, she planned to decorate the new extension in a similar style. Placement of directional signage in the new extension was underway. The doors to key areas were highlighted with colour and picture signage. Residents' bedroom doors in the new extension were all painted in different colours to assist residents to identify their own bedrooms. Residents were encouraged to personalise their bedrooms. The inspector saw that many residents had decorated their bedrooms with family photographs, ornaments and plants.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:
Person-centred care and support

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

Findings:
The inspector observed that residents could maintain control over their personal possessions and clothing. Residents had satisfactory and accessible storage space in the bedrooms in the new extension. Large wardrobes were provided with drawer units included. Each resident had their own personal wardrobe which they could freely access and had sufficient space in their bedrooms to store their personal belongings. Wardrobes space in some twin bedrooms was observed to be limited. This was also a finding on the last inspection in March 2015. The provider provided additional storage space for residents over hand-wash sinks in some twin bedrooms. The inspector did not observe surplus clothing outside the wardrobe space provided and the person in charge advised that adequacy of storage is kept under on-going review to ensure residents' needs are met. Residents had access to a lockable space to store valuables. The inspector observed that residents could also lock their bedroom doors if they wished.

Residents clothing was discretely tagged to prevent loss of their clothing. The centre's laundry facility is located on-site and arrangements were in place to ensure residents' clothing was satisfactorily laundered. Designated laundry staff were responsible for this area. Residents spoken with by the inspector expressed satisfaction with the laundry service. The inspector observed that any incidents of lost or mislaid residents' clothing were adequately resolved to the satisfaction of the residents/relatives concerned.

The inspector observed that residents' clothing was clean and in good condition. Records were maintained of residents' property and were updated.

Judgment:
Compliant

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

Theme:
Workforce

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

Findings:
The inspector found that there was sufficient numbers and staff skill-mix on the day of inspection to meet the required needs of the current residents in the centre. A staffing plan developed by the provider and the person in charge was demonstrated to the inspector to increment all staffing grades in tandem with the admission of 35 new residents. An admission schedule was also in place to admit a maximum of four residents per week to ensure the needs of all residents are met. The clinical management structure in place ensured senior clinical staff were on-site each day. The inspector observed that the person in charge and clinical nurse managers were available to and supported staff with care of residents.

Staff were seen to respond to residents' needs including call-bells, sensor alarms and requests for assistance in a timely way.
Staff received an annual appraisal which was completed with them by the person in charge. The inspector reviewed the staff training records and found that training was facilitated and most staff had attended this training or were scheduled to complete it before the end of 2016. Staff were also facilitated to attend training to support their professional development with skills and knowledge to competently meet residents' needs. Evidence of additional staff training scheduled such as dementia care training was demonstrated by the person in charge.

The inspector reviewed a sample of staff files and found these to be in compliance with Schedule 2. The inspector saw that nurses' professional registration details were on file and up to date. The inspector saw induction programme schedules and records for each staff grade, already completed by some current staff and prepared for new staff recruited to meet increased staffing requirements. Many staff spoken with had worked for many years and they told the inspector they enjoyed working in the centre and felt well supported by the management team.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Sancta Maria Nursing Home
Centre ID:	OSV-0004589
Date of inspection:	08/11/2016
Date of response:	18/11/2016

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Action plans were not consistently developed to address all improvements identified from analysis of audits done in a small number of areas monitored.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

Please state the actions you have taken or are planning to take:
There is an annual schedule of audits which have all been completed to date. We will continue to ensure that action plans for non-compliant issues are consistently developed and address in a timely manner.

Proposed Timescale: 17/11/2016

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Additional fees charged at thirty five euro per week were not stated in residents' contracts of care.

2. Action Required:
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

Please state the actions you have taken or are planning to take:
The additional service charge includes items such as Physiotherapy, Occupational Therapy, activities, specialised equipment.
This is now clearly stated in our revised contracts of care which will be sent to all residents or their next of kin for signing.

Proposed Timescale: 31/01/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some records in relation to residents' information as required by the schedule 3 of the regulations required improvement.

3. 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:
Resident's records will be updated to reflect that residents or their next of kin are involved in decisions around advanced directives with the input of relevant members of the multidisciplinary team.

Nurses will record all transcribed prescriptions as per our policy.

Any medication which is to be given in crushed form will be consistently indicated on resident's prescriptions as per our policy.

Discussions have taken place with the Pharmacist with regard to altering the format of the medication administration sheets in order to provide space to record any occasion where refusal or withholding of medication occurs.

Proposed Timescale: 31/12/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
This layout of the laundry required improvement to meet the needs of an increase in the occupancy of the centre.

Worktop space was not provided for segregation of clean and used laundry.

Appropriate bedpan/urinal storage was not provided in the sluice in the new extension.

There was no lockable storage provided for hazardous chemicals in the sluice and cleaner's rooms.

4. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
A review of the physical layout of the laundry will be conducted to allow the implementation of a more streamlined process and the increased capacity. 31/03/2017

Additional worktop space will be provided to ensure segregation of dirty and clean linen, in order to ensure adequate infection control procedures, having regard to the needs of the residents in the centre. 31/01/2017

Appropriate bedpan/urinal storage has been installed in the sluice in the new extension.

17/11/2016

Lockable storage is now in place for hazardous chemicals in the sluice and cleaner's rooms. 17/11/2016

Proposed Timescale: 31/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were gaps in daily checking schedules of fire doors.

5. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Arrangements are now in place to ensure daily checking schedules of fire doors is documented.

Proposed Timescale: 17/11/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident with pain supported by palliative care services did not have a pain assessment or care plan completed.

The tool in use to assess risk of pressure ulcer did not comprehensively reflect the level of one resident's risk of skin breakdown.

6. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
The resident referred to in this report now has ongoing pain assessments completed as required and the management of pain is included in the care plan.

The Braden assessment tool is our preferred validated tool to assess the risk of tissue breakdown. A Waterlow assessment has now been implemented due to this resident's

extenuating circumstances.

Proposed Timescale: 17/11/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was inconsistent documentation supporting concurrent consultation with residents and/or their next of kin to ensure the care and support provided reflected the assessed needs and wishes of residents.

7. 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 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:
All next of kins were invited to review their loved one's care plan but some relatives were unable to attend. An invitation will be extended again. Should a family member not attend this will be recorded.

A number of residents have had involvement in the preparation of their individual care plan.

These formal reviews will continue on a four-monthly basis or if changes in the resident's care needs arise.

Proposed Timescale: 31/01/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Information documented regarding effective de-escalation interventions in some residents' behavioural support plans required improvement.

The detail of information recorded in residents' activity care plans to meet their interests and capabilities required improvement.

8. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
De-escalation interventions will be described more comprehensively in resident's care plans to ensure a more consistent approach is used. This will be communicated to staff.

All activity care plans will be reviewed to ensure individual interests and capabilities are included.

Proposed Timescale: 31/12/2016