

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bray Manor Nursing Home
Centre ID:	OSV-0000018
Centre address:	47 Meath Road, Bray, Wicklow.
Telephone number:	01 286 3127
Email address:	braymanor@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Barravore Limited
Provider Nominee:	Shay Costello
Lead inspector:	Nuala Rafferty
Support inspector(s):	Leone Ewings
Type of inspection	Unannounced Dementia Care Thematic Inspections 2015
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	2

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: 19 January 2016 10:30 To: 19 January 2016 20:00

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

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

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

The provider had completed a self assessment tool on dementia care earlier in the year and had assessed the compliance level of the centre as substantially compliant with the exception of the premises. However, the findings of this inspection did not accord with the provider's assessment. The inspectors found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviour's. Safe and appropriate levels of supervision were in

place to maintain residents' safety in a low key unobtrusive manner during this inspection.

Inspectors found that considerable improvements to the procedures in place were required to safeguard residents' finances particularly those residents with a formal or suspected diagnoses of dementia or other cognitive impairment. This was discussed in full with the provider nominee during and at the close of the inspection. The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These also include improvements to premises, activities, staff training and care planning processes.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A good standard of care was being delivered to residents. Although it was found that the clinical care needs of all residents particularly those with a formal diagnosis of dementia or those with cognitive impairments were not being fully met.

Access to medical and allied health professional was available. Most residents had transferred to a local general practitioner (GP) clinic and visits by the doctors from the local clinics were regularly made on referral or on a needs required basis. Some evidence of access to allied health professionals was found with documented visits, assessments and recommendations by dieticians and physiotherapists. Access to speech and language therapy appeared to be through the acute care services and no resident had recently required review by tissue viability specialists. Evidence of availability of private external dental, optical and podiatry services was noted although in a sample of files viewed, timely reviews of some residents who required it was not evident.

Samples of clinical documentation including nursing and medical records were reviewed these showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge or the provider nominee who looked at both the health and social needs of the potential resident.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of assessment tools to check for risk of deterioration were used including; risk of falls, nutritional status, levels of cognitive impairment, skin integrity, pain, continence and communication. However not all the assessment tools in use were recognised evidenced based tools and some were formulated by the management team for use within the centre. It was also found that not all of the assessments were fully completed and so could not be relied upon as an accurate determination of the level of clinical risk to resident's health. Examples included; falls risks; nutrition and cognition assessments.

A number of care plans referred to family involvement in the care planning process,

where family were consulted for decision making or to seek and give information relating to the resident. Inspectors were told that where residents attended clinic appointments they were usually accompanied by a member of staff, relative or other responsible person. This helped to ensure transfer of information back to staff in the centre. Results of investigations and discharge information from acute hospitals were available within residents' files.

A healthcare plan for every identified health or social care problem is required to be put in place by the nursing team to maintain residents' health and well being and monitor improvements or deterioration. However, it was found that care plans were not in place for all identified needs. Examples of healthcare needs, where care plans were not in place included dementia and nutrition.

A strong system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was not in place. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident's health. It was also found that most although not all care plans were generic in nature and were not person centred.

Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included; Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation. The care plan in place to manage these needs did not guide staff on the type of signs to look for as potential triggers to responsive behaviour, the plans also did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of any measures which were known to manage the behaviour and prevent recurrence. Although it was found that long term regular staff were familiar with their residents needs and could recognise changes to their demeanour, for new, inexperienced or replacement staff care assessment and planning documentation was not sufficiently explicit to direct care. An action in relation to this is included under outcome 2.

Although as previously stated pre admission assessments were conducted it was found that a system to determine the legal status of residents particularly those with a diagnosis of dementia, cognitive impairment or mental health issues prior to admission was not in place. It was also found that a safe and clear process to determine the capacity of residents with these diagnoses for decision making prior to and following admission was not established.

Although it was found that residents did have access to review by community health services such as psychiatry of old age and older persons outreach medical services, on review of a sample of residents files it was noted that not all had been assessed for capacity to give consent and where this had occurred it had not been reviewed. In a number of cases although some residents had been assessed as having capacity to understand and make decisions previously, they were subsequently found by general practitioner (GP) or psychiatric consultant to have deteriorating cognitive function. Despite this it was noted that these and other residents had signed forms consenting to issues related to care agreements on extent of interventions at end of life, finances and information and data protection rights. The involvement of persons with expertise in

clinical or legal assessment of capacity and/or advocacy to ensure the protection of the rights of older persons in these areas was not evident.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and where required, daily intake charts were in place to monitor food or fluid intake.

Menus were available and all residents were offered choice at each meal. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet good humoured and punctuated with lots of smiles. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Conversation centred predominantly on the meal with only one or two enquires related to visitors or mood. Although staff were considerate to their residents the inspector found this was a missed opportunity to chat to residents about their families, interests or discover how they were feeling. Efforts to reminisce were made with conversations started and encouraged on topics such as Dublin coddle and Joe Dolan.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents and follow appropriate administration practices.

It was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

A review of psychotropic medication use was ongoing with pharmacy involvement.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Staff who spoke with the inspector were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse. Measures including policies to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. Relatives spoken too also stated that they felt their loved ones were safe in the centre and they trusted staff to take care of them.

The centre assisted some residents with the management of their financial affairs. On review of records and systems in place, it was found that improvements were required to ensure transparency and security. This related to the determination of capacity to understand complex issues and make informed decisions. In particular, it related to the ability of residents with dementia or cognitive impairments to sign cheques for payment to third parties and to give consent to individuals to assist them with their financial affairs.

As previously stated under Outcome 1, the legal status of residents with dementia or cognitive impairments was not established prior to or since admission. The policy in place states that the provider will avoid managing resident's financial affairs but this was not found to be the case. Inspectors were told by the provider that they were involved in the management of some resident's finances. It was also noted that the centre's safeguarding policy did not reference best practice as outlined in the 2014 HSE National Safeguarding policy and procedure. Assessment of capacity for those residents with a formal or suspected diagnosis of dementia or other cognitive impairment had not been conducted for many residents and where it had been undertaken, it had not been regularly reviewed in line with best practice. It was found that all reasonable measures were not in place to ensure resident's finances were fully safeguarded. Practices in place to assist residents in the management of their finances were not guided by a clear policy that enabled residents maintain a level of independence while safeguarding residents money or property. Examples of this included, residents with a formal or suspected diagnoses of dementia or other cognitive impairment signing cheques witnessed only by staff and incomplete documentation of processes or accounting methods. Access to advocacy services or expert legal or financial advice on an ongoing basis to support and facilitate residents when making decisions in these areas was not always evidenced in records reviewed.

There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated. Staff spoken to by the inspectors were familiar with residents and could discuss some interventions that were effective in managing known behaviours. There was a policy in place for behaviour that is challenging, and training on managing challenging behaviour had been provided to a number of staff. On review of training data shown to inspectors, it was noted that not all staff had received this training and some had not received/attended training for periods of between 3- 5 years. This is further referenced under outcome 5.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low low beds, mat and bed alarms had increased. There were risk assessments completed for residents who had bed rails in place and of those reviewed, it was noted that all considerations were explored prior to the use of the bed rail.

Judgment:

Non Compliant - Moderate

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:

It was found that residents' rights, privacy and dignity was respected during personal care delivered in their own bedroom or in bathrooms. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers or chatting in the sitting room. Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Inspectors were told voting in national referenda and elections was facilitated with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held, generally every three months, where residents were included in discussions on aspects of life in the centre. These discussions were primarily related to care issues such as end of life care and provision of the flu vaccination. The provider had recently sought the services of an independent advocacy service to facilitate these meetings. It was noted that with the exception of a discussion on choice of bedtimes and the registering of the centre as a polling station to enable voting there were limited references to suggestions sought or made to improve social recreation such as choice of activities or external outings.

The sitting room, where the majority of residents spend their day, was supervised and apart from short periods at least one staff member was present to ensure resident safety. An activity programme that included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, card games, exercise and relaxation therapies. The inspectors learned that Sonas, Sims and other dementia specific activities were used although not specifically mentioned in the programme. On the day of inspection, there was an exercise class and music quiz in the morning and there was a fit for life exercise class in the afternoon. Inspectors found that all activities in the weekly programme were delivered in group sessions. Two activity coordinators, one per day were rostered to deliver the programme from Monday-Sunday. Although care and nursing staff engaged to some extent with activities, it was noted that this involvement was mainly singing along to background music, engaging residents in conversation or when relieving the activity coordinator for lunch breaks. Residents were observed to

enjoy the music and exercise and there was great participation in the quiz.

The activities co-ordinator gave hand massage to some residents throughout the day in the sitting room and also informed the inspector that one to one time was scheduled for all residents including those who could not participate in the group activities, or preferred to spend the day in their bedrooms. It was found that these 1;1 activities reflected residents past interests or pastimes where possible as identified in the life story books being collated. Examples of 1;1 activities included; gardening; prayers; reading and music, but it was found that activity staff were limited in their capacity to meet residents needs in this area. The activities coordinator maintained records of all recreational therapy offered to or availed of by residents. On review of a sample of these records, it was noted that the number of 1;1 sessions offered to residents who spend most of their time in bedrooms lasted approximately 20 to 30 minutes and varied between 2-4 weekly. For all other residents they received on average one 1;1 session per week. Outside of this structured 1;1 these residents were reliant on visitors or on engagement with other staff during care delivery for stimulation.

It was also found that opportunities for residents to avail of external outings were very limited. External outings did not form part of the core activity programme and inspectors were told that residents relied on their families to take them out. The last organised outing took place last summer. Although it was acknowledged by inspectors that outings are more limited in inclement weather, in conversation with staff and the provider it was found that social trips to the shops cinema or for coffee are not facilitated. Encouragement was given to family and friends to bring residents on small trips out to the local community but no regular outings were arranged by the provider for residents.

Judgment:

Substantially 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:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed. A complaints record was in place and there were no documented written or verbal complaints made since 2013. This was confirmed by the provider, person in charge and senior nurse on duty.

In conversation with residents and relatives throughout the day, inspectors were told they had no complaints. Feedback viewed from residents meetings was also positive.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

Suitable and sufficient staffing and skill mix were found to be in place at the time of this inspection to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Staff allocation systems included opportunities for supervision and guidance. Auditing processes were in place on aspects of clinical care such as medication; falls; nutrition and pressure ulcers. However, a key worker and primary nurse system as outlined in the self assessment questionnaire was not implemented.

Training records were reviewed and evidenced that staff had been provided with opportunities to attend required mandatory training such as fire safety, moving and handling and prevention of elder abuse. However it was noted that eight staff had not had updated training on prevention of elder abuse for between 3 to 5 years. Additional clinical training in areas such as nutrition and hydration; management of behaviour that challenges; medication management and assessment in care planning was also provided. A training plan for 2016 was being drafted though not yet scheduled. The provider discussed plans to include training on dementia care; person centred care and management of delirium.

Judgment:

Non Compliant - Moderate

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

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre were broadly in line with the statement of purpose. This nursing home was not purpose built, and consisted of a converted former Georgian house with accommodation provided over three floors, with a chair lift to transfer residents between the floors. There was no dementia specific unit. The centre is currently registered for 25 persons, however subsequent to the last registration, the provider reduced the number of beds in two multi occupancy from three to two to facilitate the provision of en-suite's. The current capacity is now 23. The provider had not notified the Authority of this change to the service and was advised to submit a variation application following this inspection.

The centre currently consisted of 10 single 5 twin and 1 three bedded bedrooms, most with en-suites, although not all with full ensuite. Multi-occupancy rooms were spacious with adequate screening for privacy. The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. Some key characteristics of the original Georgian house had been maintained such as the cast iron fireplaces in many of the bedrooms. These were tastefully decorated with some gilt edged mirrors and tiled inlays which added charm and character to the surroundings. The inspector observed that most resident's bedrooms were personalised with items including photos and paintings.

Communal facilities were available on the ground floor including a bright sitting room; visitors room/quiet room; conservatory with access to a small enclosed patio area. Grab rails and hand rails were installed were required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals. There were magnetic automatic door closures, linked to the fire alarm system, attached to doors throughout the centre. Inspectors noted two doors were been wedged open and it was found that one required to be repaired and the other was not operational due to the location of a large filing cabinet behind the door. The provider undertook to have these rectified immediately and to send evidence of repair to the inspector in the days following the inspection.

Signage with lettering and pictures were in place on all bedroom, bathroom and toilet doors. Colour schemes were muted throughout with contrasting colours on toilet seats and doors to aid recognition. However it was noted that there were a number of areas throughout the centre where the floor level changed with a slope or change in gradient. These areas, although gradual, were not highlighted to alert residents or persons unfamiliar such as visitors or new staff as part of risk management processes. It was also noted that the location of the nurse's station on the corridor between bedrooms and in front of the shower/toilet on the middle floor required review as there was a high throughput of people through this corridor. Risks associated with; limited circulation space, maintaining clear walkways on all corridors leading to fire exits, lack of confidentiality of residents data and impact of residents dignity whilst using the shower/toilet en-suite were identified to the provider.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bray Manor Nursing Home
Centre ID:	OSV-0000018
Date of inspection:	19/01/2016
Date of response:	16/02/2016

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:

Assessment, care planning and clinical care did not accord with current evidence-based practice. In particular where residents' capacity was not assessed or reviewed prior to their involvement in decisions regarding finances and consent to level of care interventions at end of life stage

Complete comprehensive nursing assessments were not carried out for each resident in respect of every identified need.

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

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

All proposed residents are assessed prior to admission by a senior nurse to establish that we can meet that persons needs. Once admitted comprehensive assessments are undertaken, to establish an appropriate care plan.

Senior staff will attend further training on the area of capacity and consent in March 2016.

We have held a meeting with treating doctors about their role in establishing consent and assessments will be drawn up in consultation with them.

Proposed Timescale: 31/03/2016**Theme:**

Safe care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need

2. 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:

The epiccare system of care planning has been initiated since January of this year and we are in the process of updating all assessments and care plans to that system and all assessments will be completely person centred and individual and reflective of the needs of each resident .A robust audit system is in place to ensure compliance

Proposed Timescale: 31/05/2016**Theme:**

Safe care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

3. 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:

Throughout 2015 all assessments and care plans were reviewed within the time scales and sooner if required. This is audited action

As stated above we are in the process of installing epiccare and will specifically address efficacy of care plan interventions. We will continue to invite the resident and their family to be actively involved in care planning and review

Proposed Timescale:**Outcome 02: Safeguarding and Safety****Theme:**

Safe care and support

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

The centre's safeguarding policy did not reference best practice as outlined in the 2014 HSE National Safeguarding policy and procedure.

4. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy in relation to safeguarding has been reviewed and is now compliant ,This has been completed by an accredited assessor and a robust policy will be adopted by March 1st

Proposed Timescale: 16/02/2016**Theme:**

Safe care and support

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

The safeguarding policy in place was not specific enough to fully and properly guide staff in the management and protection of residents finances and was not being implemented in full

5. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Throughout 2015 all assessments and care plans were reviewed within the time scales and sooner if required. This is audited action

As stated above we are in the process of installing epiccare and will specifically address efficacy of care plan interventions. We will continue to invite the resident and their family to be actively involved in care planning and review

Proposed Timescale: 01/03/2016**Theme:**

Safe care and support

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

Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation

6. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All staff have as part of our training schedule received training on aspects of challenging behaviour pertinent to specific residents in our care. This was on the 9th and 10th February and we are in the process of updating care plans.

Proposed Timescale: 31/03/2016**Theme:**

Safe care and support

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

All reasonable measures were not in place to ensure residents finances were fully safeguarded.

Practices in place to assist residents in the management of their finances were not guided by a clear policy.

Access to advocacy services or expert legal or financial advice on an ongoing basis to support and facilitate residents when making decisions in these areas was not always evidenced.

7. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Previously we have demonstrated that we have gone to extreme measures to prevent a current resident from financial abuse in the community and followed all guidelines to protect this residents finances from being further robbed .We worked closely with HIQA on this situation and felt that the consensus view was that our support in the current situation was acceptable

We will refer all residents to the sage advocacy service which we have established last year and we will ask that all residents finances will be either dealt with by a suitable relation or other agency

As stated above we have implemented a policy in this area that will ensure compliance

Proposed Timescale: 30/04/2016

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

Person-centred care and support

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

Opportunities for residents to participate in community based activities and outings and for purposeful or meaningful activities for all residents with deteriorating physical and cognitive abilities and/or limited mobility on a one to one basis were limited.

8. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

As inspectors were shown on inspection we encourage our residents and their families to use the facilities locally which are suitable and there is some success

On the week of inspection one resident was having a full day out shopping accompanied by a care manager. This was organised by us. We have had a meeting with our activity coordinators and plan to increase these days out .

Proposed Timescale: 30/04/2016

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

Evidence that all staff had updated training in prevention of elder abuse was not available.

9. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

A training matrix was given to inspectors on inspection. All training focuses on the areas of respect and dignity and the area of protecting residents is routinely addressed. All staff have received the HSE approved training and we have three staff who are qualified to deliver this training. We will offer this training along with other areas of training within the next month

Proposed Timescale: 31/03/2016

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 design and layout of the centre were not currently suitable for the purpose of achieving the aims and objectives set out in the statement of purpose as the safety of residents was not assured due to;

- all automatic door closures were not operational;
- changes in floor gradient were not highlighted and
- the location of the nurses station negatively impacting on maintaining clear walkways on all corridors leading to fire exits
- compromise of privacy and dignity of residents using shower/toilet facility located beside the nurses station
- maintaining confidentiality of residents personal information due to office location

10. 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:

All automatic doors are operational

The nurses station will be moved to lessen congestion

The floor gradient in two areas will be highlighted

Proposed Timescale: 31/03/2016