

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Friars Lodge Nursing Home
Centre ID:	OSV-0000342
Centre address:	Convent Road, Ballinrobe, Mayo.
Telephone number:	094 954 2474
Email address:	friarslodgenursinghome@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	G & T Gallen Limited
Provider Nominee:	Tanya Gallen
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	62
Number of vacancies on the date of inspection:	2

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.

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 receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 February 2016 17:00 To: 11 February 2016 21:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection undertaken in response to unsolicited information received by the Authority with regard to protecting the privacy and dignity of residents. On review of the area detailed in the unsolicited information, the inspector found that there were issues that required review with regard to protecting the privacy and dignity of residents. This is discussed further under Outcome 16, Residents' rights dignity and consultation. There were 62 residents living in the centre, 25 of whom were of maximum dependency, ten were high dependency, sixteen were medium dependency and seven low dependency. Residents spoken with by the inspector stated they "liked living in the centre and were well looked after", they confirmed that "staff treated them well and if they rang the bell staff would attend".

The inspector also reviewed actions from the previous inspection. There were eleven actions in the previous action plan. Eight were found to have been completed, two were partially complete and one had not been addressed. The actions partially

complete related to suitable storage of equipment and review of care plans and the action not completed related to allocation of staff to consistently supervise residents. The Inspector met residents, a relative and staff and observed practice on inspection. Documents reviewed included the statement of purpose, risk assessments, minutes of residents' meetings, care plans, complaints log, minutes of residents' meetings and relevant policies.

Improvement was required to ensuring adequate staffing levels at all times. Aspects of care planning documentation, particularly with regard to nutritional care and adhering to the advice of the dietician also required review. Additionally protecting the privacy and dignity of residents, ensuring compliance with the complaints procedure and provision of meaningful activity for residents required review.

The evidence found on inspection that supported the inspectors' findings was relayed to the provider and person in charge at the end of the inspection. Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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):

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

Findings:

At the time of the last inspection the statement did not accurately reflect all the services provided, such as arrangements for respecting the privacy and dignity of residents, contact between relatives and their relatives and the complaints procedure. The statement of purpose had been reviewed and was found to contain all of the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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):

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

Findings:

The inspector reviewed a range of documents, including residents' records, residents' guide, directory of residents and some policies. The inspector noted that records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The action from the previous inspection with regard to review of the medication policy had been addressed.

An action at the time of the last inspection related to care plans requiring review. This had not been addressed. Care plans with regard to nutritional care were found to lack sufficient detail to guide staff in the delivery of care. The recommendations of the dietician had not been completed in the care plan of most care plans reviewed. Actions related to food and nutrition are also contained under Outcome 15.

Judgment:

Non Compliant - Moderate

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:

At the time of the last inspection there was no evidence that there was suitable consultation with a small number of residents regarding how their money was managed. This had been addressed. The centre managed the finances of one resident. Transparent records were in place detailing this process.

A small number of residents were subject to a restraint measure. However, there was good evidence in place that this was only utilised after less restrictive options had been trialled. Prior to implementing a restraint measure, risk assessments were completed to ascertain the appropriateness of the restraint for the specific resident but they were not completed for the use of safety lap straps to ensure they were safe to use. The inspector noted that where restraint was used monitoring measures were in place.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The risk management policy did not clearly cover the precautions in place to control the risk of self harm. This had been addressed. However, it failed to reference other specific policies which provided guidance to staff in areas of risk management for example the unexplained absence of a resident, aggression and violence.

The emergency response plan had been reviewed and updated. Fire action notices had been reviewed and were centre specific therefore providing guidance to residents, staff and visitors the actions to take in the event of a fire.

Judgment:

Substantially 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:

The provider had facilitated residents' access to allied health services including physiotherapy, chiropody, dietetics, speech and language therapy (SALT) and dental care when required. Records of referrals and assessments were kept on residents' files. Written documentation with regard to resuscitation states for residents was available on medical files; however there was no evidence of input from the resident's general practitioner.

The provider representative and person in charge confirmed that there were no residents with pressure ulcers in the centre at the time of this inspection.

End of life care plans were reviewed since the last inspection and included person centred guidance specific to each person's views. Documentation regarding resuscitation status, as agreed by the resident where possible, their family and clinical staff was in place. However there was no evidence that this was reviewed regularly with input from medical staff.

Judgment:
Substantially Compliant

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

Findings:
Some equipment, such as hoists, chairs and the cleaning trolley was not suitably stored and could present a risk to residents and staff. While all corridors were clear and most equipment was appropriately stored, the inspector noted a storage trolley was stored in one of the sitting rooms.

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

Findings:

Complaints were detailed in the complaints log. The inspector reviewed the most recent recorded complaints. The initial facts relating to complaints had been documented. Details of the investigative process was recorded but it was not clear when the complaint was made and when the investigation occurred. The independent appeals process, for complaints which were not resolved to the satisfaction of the complainant, was included in the complaints procedure.

Under regulation 34(1) (d) the registered provider must investigate all complaints promptly. There was no evidence available that the outcome of the complaint was communicated to the complaint initiator and whether or not the resident was satisfied with the outcome of the complaint. Under regulation 34 (1) (g) the registered provider shall inform the complainant promptly of the outcome of their complaint and details of the appeals procedure. There was no evidence available in the complaints log of any communication between the provider representative and the person who complained.

Judgment:

Non Compliant - Moderate

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 reviewed nutritional care plans of residents who had lost weight. Care plans reviewed did not reflect the current needs of the resident and failed to provide guidance to staff in the delivery of appropriate care to residents. They did not reflect the specialist advice of the dietician and were not linked to the nutritional assessment. Care plans continued to require review to ensure they were person centred and reflected the overall actions to ensure that the nutritional needs of residents was met for example frequency of weighing, whether food was fortified, if supplements were prescribed, linkage to the assessment , to reflect specialist advice from the dietician and to ensure that they were up to date. Residents had access to the general practitioner (GP) and dietetic services.

The inspector noted that in one residents care file the dietician had recommended weekly weighting; however the resident was being weighed monthly. The dietician had also recommended monitoring the daily food and fluid intake, however this was not occurring. A robust system was not in place to monitor residents' weights according to their assessed need and ensure that if a resident had unintentional weight loss measures would be put in place to mitigate the risk this posed to the resident. There

was no procedure in place to ensure clinical care was monitored by senior clinical staff to pick up this deficit.

Judgment:

Non Compliant - Moderate

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:

There was a variety of communal space available for residents including the foyer, day rooms and an oratory. The Authority had received information with regard to residents sitting unsupervised with no activities available for meaningful stimulation. When the inspector arrived in the centre she noted that there were a number of residents seated in the foyer area. The inspector spoke with some of these residents who confirmed they were happy to sit and watch visitors coming and going. However, there were some residents who were sitting in a row in the foyer area who were not engaged in any way. These residents were not independently mobile and were cognitively impaired and had been assisted to sit in this area by staff. The use of the foyer for residents to sit in requires review. Residents should be offered a programme of meaningful activity in the evenings and make an informed choice as to whether they wish to sit in the foyer area. Some residents' privacy and dignity was not respected by sitting in the foyer area.

Residents' meetings took place approximately monthly. The inspector viewed the minutes of a sample of these meetings and found that suggestions and issues raised by residents was brought to the attention of management and addressed.

Judgment:

Non Compliant - Moderate

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

Findings:
At the time of the last inspection the inspector found that the organisation and allocation of staff was not adequate to consistently supervise some residents and meet their needs. This remained the case. When the inspector arrived in the centre and at various times throughout the inspection the inspector noted that residents were not supervised in the sitting rooms and no meaningful activities were taking place. This was discussed with the person in charge and the provider representative. The inspector requested the provider and person in charge to review the staffing levels to ensure residents are supervised at all times and have opportunities to engage in meaningful activity.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
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:	Friars Lodge Nursing Home
Centre ID:	OSV-0000342
Date of inspection:	11/02/2016
Date of response:	08/03/2016

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Risk assessments to ascertain the appropriateness of the restraint for the specific reside were not completed for the use of safety lap straps.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

The PIC is currently researching a Lap strap assessment and an appropriate assessment will be implemented. All other good practice & assessments as recognised by the inspector will continue.

Proposed Timescale: 15/05/2016

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:

The risk management policy failed to reference specific policies which provided guidance to staff in areas of risk management for example the unexplained absence of a resident, aggression and violence.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

A reference system for the risk assessments will be implemented within the policy.

Proposed Timescale: 04/04/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

End of life care plans were reviewed since the last inspection and included person centred guidance specific to each person's views. Documentation regarding resuscitation status, as agreed by the resident where possible, their family and clinical staff was in place. However there was no evidence that this was reviewed regularly with input from medical staff.

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:

While the G.P's do complete resident reviews, the PIC will actively encourage the G.P to participate in the documentation of End of Life care and wishes. From a nursing home perspective we will continue to develop and implement the current procedures which are in place in which we consult with the resident and their family.

Proposed Timescale: 30/08/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

A storage trolley was stored in one of the sitting rooms.

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The activity Trolley has been removed and stored in a more appropriate place.

Proposed Timescale: 08/03/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Details of the investigative process was recorded but it was not clear when the complaint was made and when the investigation occurred.

5. Action Required:

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

The complaints procedure and the relevant documentation will be reviewed and updated.

Proposed Timescale: 31/03/2016

Theme:

Person-centred care and support

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

There was no evidence available that the outcome of the complaint was communicated to the complaint initiator and whether or not the resident was satisfied with the outcome of the complaint.

6. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

The complaints procedure and the relevant documentation will be reviewed and updated.

Proposed Timescale: 31/03/2016

Theme:

Person-centred care and support

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

There was no evidence available in the complaints log of any communication between the provider representative and the person who complained.

7. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

The complaints procedure and the relevant documentation will be reviewed and updated.

Proposed Timescale: 31/03/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Care plans continued to require review to ensure they were person centred and reflected the overall actions to ensure that the nutritional needs of residents was met for example frequency of weighing, whether food was fortified, if supplements were prescribed, linkage to the assessment , to reflect specialist advice from the dietician and

to ensure that they were up to date.

8. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

- The resident in question is for end of life which has been clearly documented by the g.p and family are fully aware of this situation.
- The dietician has reviewed the resident again.
- Food intake charts are in place.
- Residents weights will be recorded as deemed appropriate given her general condition with comfort measures seen to be of the utmost important.
- Care plans will be reviewed and updated to meet the nutritional needs of the resident and to ensure that there is linkage in advice given by dietician.
- Nutritional training has been arranged for all new staff on Monday the 15/3/16

Proposed Timescale: 08/03/2016

Theme:

Person-centred care and support

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

In one resident's care file the dietician had recommended weekly weighting; however the resident was being weighed monthly.

The dietician had also recommended monitoring the daily food and fluid intake, however this was not occurring.

There was no procedure in place to ensure clinical care was monitored by senior clinical staff to pick up this deficit.

9. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

- The resident in question is for end of life which has been clearly documented by the g.p and family are fully aware of this situation.
- The dietician has reviewed the resident again.
- Food intake charts are in place.
- Residents weights will be recorded as deemed appropriate given her general condition with comfort measures seen to be of the utmost important.
- Care plans will be reviewed and updated to meet the nutritional needs of the resident and to ensure that there is linkage in advice given by dietician.
- Two Nurses will be allocated monthly to complete MUST score which always been

done however they will have to give a full report to the PIC monthly on the MUST assessments.

- 3 monthly audits will continue and are available to inspectors.

Proposed Timescale: 08/03/2016

Outcome 16: 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:

Some residents were sitting in a row in the foyer area who were not engaged in any way.

10. Action Required:

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

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

Seating within the foyer has been reviewed and changed to promote more meaningful engagement for the residents

Proposed Timescale: 08/03/2016

Theme:

Person-centred care and support

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

Residents should be offered a programme of meaningful activity in the evenings and make an informed choice as to whether they wish to sit in the foyer area. Some residents' privacy and dignity was not respected by sitting in the foyer area.

11. 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:

An activity and supervision program is in place in the evenings however on the night of inspection a member of staff had gone off sick at short notice. Activities are logged in the evening activity book. All new staff has meaningful activity training scheduled during the month of March & April. We will continue to review the activities provided. In regards to seating in the foyer resident choice will be respected and clearly documented.

Proposed Timescale: 30/04/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

On arrival in the centre and at various times throughout the inspection residents were not supervised in the sitting rooms and no meaningful activities were taking place.

12. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The centre has reviewed its dayrooms and to meet the needs of the residents we have relocated the second day room to the front of the nursing home therefore promoting supervision.

An activity and supervision program is in place in the evenings however on the night of inspection a member of staff had gone off sick at short notice .Activities are logged in the evening activity book .

The dependency tool in place continues until such time as we fully research and educate ourselves on a new more concise tool.

Proposed Timescale: 30/05/2016