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:	Ave Maria Nursing Home
Centre ID:	OSV-0000315
Centre address:	Tooreen, Ballyhaunis, Mayo.
Telephone number:	094 963 9999
Email address:	avemarianursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cummer Care Limited
Provider Nominee:	Anne Feeney
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 March 2016 09:30	02 March 2016 18:30
03 March 2016 09:30	03 March 2016 17:00

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
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk		Non Compliant -

Management		Moderate
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection
This was an unannounced inspection with a special focus on the provision of dementia care. The Inspector wished to evaluate the quality of live for residents with dementia living in the centre. The Inspector focused on six outcomes that had direct impact on dementia care and followed up on the thirteen actions from the previous inspection, ten actions had been completed. Two were partially complete, these related to storage of equipment and care planning. One was not actioned – this related to recording of fire drills, simulation of fire drills and learning from the drills.

The Person in Charge had attended information seminars given by HIQA regarding dementia inspections. The centre did not have a dementia specific unit. At the time of this inspection, of the 33 residents accommodated, four had a formal diagnosis of dementia and nursing staff stated that approximately a further 13 had a cognitive impairment. No resident was under 65 yrs of age. There were no residents who had pressure wounds on the day of inspection.

The inspector tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the inspector. The results reflect the effect of the interactions on the majority of residents (This is discussed further throughout the report). A mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. It also is used to assess changes in a person who has already been diagnosed with dementia and can help to give an indication of how severe a person's symptoms are and how quickly their dementia is progressing.

At the request of the Authority the provider had submitted a completed self assessment on dementia care to the Authority together with relevant policies and procedures prior to the inspection. The provider had assessed the compliance level of the centre and had rated the centre to be substantially complaint with Outcome 1 Health and Social Care Needs and complaint with outcomes regarding Safeguarding and Safety, Residents' Rights, Dignity and Consultation, Complaints Procedure and Management, Suitable Staffing and Safe and Suitable Premises.

The inspector found that the residents were well known by staff, and while the care needs of residents with dementia were met improvements were required to the provision of dementia specific activities, nutritional care and storage of equipment. There was a very relaxed atmosphere in the centre where residents had good input into how they spent their days. Residents were relaxed and encouraged to maintain their interests and independence. There was an emphasis on person centred care and the residents being at the core of the planning and delivery of care. Residents looked well cared for and told the inspector they were "very well cared for by kind

and caring staff'. They confirmed that the provider representative and her husband were freely available in the centre and the inspector observed that they were actively engaged with the residents and their relatives and took time to chat with residents and visitors. The centre had a rural focus with hens and two dogs. Additionally residents could view cattle from most windows in the centre. All residents were accommodated in single en-suite bedrooms.

The Person in Charge and her deputy had undertaken training on 'Quality of care for persons with dementia'. This training was booked for all other staff working in the centre. No staff member had completed Sonas (a therapeutic activity for residents who are cognitively impaired) training, however the provider stated that she was planning on organizing this.

Many residents had an opportunity to engage in 'reminisce therapy'. Residents spoken with by the inspectors stated they had choice regarding their day to day living in the centre. Pre admission assessments were conducted by the person in charge or her deputy which considered the health and social needs of the potential resident. Residents' health-care needs were met and the general practitioners visited regularly.
At the feedback meeting at the end of the inspection, the findings were discussed with the provider nominee, her husband, the person in charge and a senior nurse. Matters requiring improvement are discussed throughout the report and set out in an action plan at the end of this report in order 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.

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

Findings:
This outcome relates to assessments and care planning, access to healthcare, nutritional care and end of life care.

At the last inspection in September 2015 two actions were detailed under this outcome.

One action related to developing care plans to ensure they were more person-centred and individualised. On this inspection the inspector found that this was partially addressed. Some care plans had been reviewed and were more person centred. The Person in Charge explained that this was 'a work in progress' as she had planned to review all residents care plans.

The other action post the last inspection related to the frequency of attendance of General Practitioners to medically review residents and review medication and reissue each resident's prescription. This action had been addressed all resident's were reviewed by their General Practitioner during October 2015.The Person in Charge and her deputy reviewed each residents medication and their corresponding plan of care post the review by General Practitioner.

The provider rated this outcome as substantially complaint on the self assessment tool (SAT). The area identified as requiring review in order to achieve compliance was care planning. Work was I progress in this area. The Inspector followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. All aspects of care provided to include physical psychological social and emotional care was reviewed.

Pre admission assessments were completed to identify residents' individual needs and choices. There was evidence of communication with family members and the referring agency/person. An admission policy was available and the inspector found that this was reflected in practice. On review of residents' care files inspectors found that their hospital discharge documentation was available. However, most files of residents admitted under 'Fair deal' did not include a copy of the Common Summary Assessments (CSARS) which details the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment.

Comprehensive assessments and a range of additional risk assessments had been carried out for all residents and staff had developed care plans based on the risks and care needs identified. However, some care plans reviewed lacked sufficient detail to guide staff in the delivery of care. This was particularly with regard to nutritional care. Some nutritional care plans failed to include whether the resident was on a fortified diet or what supplements were prescribed. Care plans were reviewed on a four monthly basis. A pain assessment tool was in place and residents who had complained of pain had an assessment completed. There was evidence available in the narrative in the notes of monitoring the effectiveness of analgesia administered.

Improvement was required to the management of residents' nutritional needs. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. Nutritional care plans were in place. Some residents had food and fluid intake and output charts were available however, these did not provide sufficient detail to be of therapeutic value and did not provide a reliable tool to assess early warning signs to identify when residents were at risk of dehydration and nutritional deficit. In most cases the 24-hour intake/output was not totalled, again diminishing their usefulness.

The Inspector observed residents having their lunch in the dining room. Adequate staff

were available to assist and monitor intake at meal times. Some residents choose to dine in their own bedrooms, and this was facilitated. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and care staff. Residents confirmed that they enjoyed the food. The inspector noted that meals were hot and well presented. The kitchen was open 24hrs per day and snacks were freely available. The inspector saw residents being offered drinks throughout the day. Residents told the inspector that they could have a drink and/or a snack any time they asked for them.

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist attended the centre one day per week. Residents were facilitated to keep their own General Practitioner on admission to the centre. There was evidence in the medical files of good access to the General Practitioner. Dental referrals were actioned as required. There were written policies and procedures in place governing the management of medications in the centre. The Inspector observed medication administration practices and was satisfied that they were in compliance with relevant professional guidance. Controlled drugs were stored appropriately and records were available demonstrating that they were counted at the end of each shift. Prescription and administration records contained appropriate identifying information including residents' photographs and were clear and legible. Appropriate procedures were in place for the return of unused /out of date medications.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated falls assessment tool. Falls prevention care plans were in place. These provided guidance to staff in the delivery of safe care and what detailed aids such as sensor mats to mitigate the risk of further falls for the resident. Evidence was available that post-fall observations including neurological observations were undertaken to monitor neurological function after a possible head injury as a result of a fall.

Systems were in place to prevent unnecessary hospital admissions. Staff had been trained in sub-cutaneous fluid administration and the centre described good links with the palliative care team. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter.

Systems were in place in relation to transfers and discharge of residents and hospital admissions. The Inspector saw in some files reviewed that residents had on occasions been admitted to the local acute hospital. There was good evidence available of communication between the centre and acute care services when a resident was being transferred for care. An overall care plan was devised for each resident. This gave a good view of the areas of ability and areas where the resident requires assistance. It contained their daily schedule and detailed their likes and dislikes. These overall care plans were up to date for all residents and were regularly reviewed. A letter detailed the specific reason as to why the resident required admission together with a letter from the medical practitioner (when the medical practitioner reviewed the residents in person prior to transfer) accompanied the resident. Discharge letters for residents who spent time in acute hospital care and letters from consultations detailing findings following

out-patient clinic appointments were available. Residents were usually accompanied by a relative to their out-patient clinic appointments and hospital admissions. Where this was not possible a staff member would attend.

At the last inspection in September 2015 two actions were detailed relating to End of Life Care. These actions had been addressed. Staff had attended training in End of Life Care. Staff provided end of life care to residents with the support of their General Practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff spoken to by the inspectors confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. All staff had been trained in Adult protection. Five refresher sessions had taken place in 2016. Two staff had attended the train the trainer course in Adult protection and planned on attending this course in Safeguarding Vulnerable Adults as soon as this was available.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. A review of incidents since the previous inspection showed that there were no allegations of abuse had been recorded. Staff spoke with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

There were policies in place about managing behaviour that challenges, BPSD (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. The Inspector reviewed the use of restraint within the centre. A policy on

enabler/restraint use was in place to guide practice in place. There were risk assessments completed for residents who had bed rails in place. All bedrails were in use as enablers. Care plans were in placed detailing the enabling function of the bedrail.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Findings:
The Inspector was satisfied that residents were consulted on the organisation of the centre. Quarterly resident meetings were held with residents. Minutes of these meetings supported that residents were involved in discussing activities, the food and their views of the service provided. Residents' privacy and dignity was respected, all residents were accommodated in single rooms.

The centre had two dogs and residents spoke about how much they enjoyed having the dogs "the dogs are great, we love the dogs" A range of activities were available, including crafts, cards, exercise class and going for walks. The Inspector found that the provision of regular dementia specific therapeutic activities in small groups required development. The Inspector also noted on occasions the television and the radio were both on while the activity was in progress which was distracting for residents with cognitive impairment. The Inspector observed that on some occasions when activities were taking place some residents were not engaged in the activity. Additionally, it was difficult to see the linkage between the social care assessment and the activity offered to meet the individual interest of the resident, and therefore ensure person centred care.

Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated regularly in the centre and daily Holy Communion was available. There were no restrictions on visitors and residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the sitting room and lobby area. Some residents chose to spend time in their bedrooms watching TV or with visitors or friends according to their own individual preferences.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a good level of positive interactions between staff and residents. The Inspector found that staff knew residents well and were familiar with their care needs, routines and patterns of behaviour. Staff were very pleasant towards residents and spent time encouraging residents to voice their views and opinions.

An independent advocacy service was available.

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:
There was a complaints policy in place. Complaints that could not be resolved locally were escalated up to management. Complaints were detailed in the complaints log. The inspector reviewed the complaints records and details were maintained about each complaint, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. The inspector found that complaints were appropriately responded to and records were kept as required

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
At the last inspection in September 2015, three actions were detailed under this outcome. These actions had all been addressed. The staffing rosters had been restructured and there was more time for staff to spend on a one to one basis with residents who were unable to partake in group activities. All staff had up to date mandatory training in safe moving and handling.

The Inspector observed that staff delivered care in a respectful and timely manner. Staff were supervised appropriate to their role. There was always a member of management on duty to supervise and support staff. On the days of inspection the inspector found there were appropriate staff numbers to meet the needs of residents. A planned and actual staff roster was in place, with any changes clearly indicated, and the staffing in

place on the day of inspection was reflected in this roster. From a review of the working staff roster this was the usual levels. From review of additional rosters past and planned, the Inspector noted that these were the standard staffing levels. This was also confirmed by staff. However, the roster required review to explain abbreviations used. For example, 'ON' was documented for the Person in Charge and her deputy with no explanation as to hours worked.

With regard to the direct delivery of care to residents, the inspector found there were always two nurses on duty from 08:00 to 16:00 hrs. the second nurse is generally the Person in Charge or the Clinical Nurse Manager. There was 5 care staff on duty in the am and three in the evening up to 22:00hrs. In addition, there was a chef, kitchen assistant, cleaning, laundry, and a part-time activity person. The provider and her husband were also available and staff told the inspector that "they were in the centre every day". They provided on call support out of hours. There were available in the centre throughout the inspection and attended the feedback meeting.

Staff had up to date mandatory training in place. The Person in Charge and her deputy had attended a dementia care training course and this course was booked for all staff to attend.

There were effective recruitment procedures in place, and a random selection of staff files were checked by the inspectors to ensure that all the requirements of Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Management confirmed that there were no volunteers working in the centre. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available.

Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons. Training planned for 2016 included Basis Life support, Refresher fire safety, nutritional care and management of incontinence.

Other courses attended food hygiene, infection control, end of life care and health and safety.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the centre where residents with dementia integrated with the other residents met its stated purpose. The environment was calm and relaxed and conducive to the provision of dementia care. There were 33 residents in the centre on the day of inspection and they were accommodated for recreational purposes in two different sitting rooms and the lobby area and some chose to spend quiet time in their bedrooms.

The provider informed the inspector that she plans to complete an extension to increase the size of the dining area, have more storage area and add an additional five bedrooms. All bedrooms are single with en-suite facilities. The centre was clean and bright and residents were free to walk around the premises and some could go outside independently. Floor coverings were a neutral colour and design throughout and bold patterns were avoided. However, more dementia specific signage should be considered to give cues to residents to direct them towards their bedrooms. The bedroom doors did not have personalised features to make them more easily identifiable to residents with dementia. Additionally, there was poor use of contrasting colours to assist residents with identifying key areas such as toilets and bedrooms. The use of signage to aid orientation requires review. The centre was decorated and fitted with domestic style furnishings and memorabilia with murals in one of the sitting rooms. Easy to read clocks were available.

There was adequate wardrobe space available to residents. The Inspector observed that a number of residents had personalised their rooms with personal items including photos. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were available, with records available supporting that they were regularly serviced. Residents spoken with confirmed that they felt comfortable and safe in the centre. All bedrooms had windows which provided residents with good visible views of the gardens/countryside.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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:
At the last inspection in September 2015 four actions were detailed under this outcome. Two of these had been addressed, one partially addressed and one had not been completed. Actions addressed included actions related to recording of neurological observations in line with the policy on management of falls and training in fire safety for

all staff. To ensure on-going compliance in this area there was evidence available in minutes of staff meetings that this had been discussed by the person in Charge with all nursing staff.

The action partially addressed related to storage of hoists and personal slings. Personal slings were stored in each resident's bedrooms to minimise the risk of infection control. Hoists continued to be stored in the bathroom and the oratory. The provider explained that plans were in place to build an extension to the centre and this would include a new storage room for equipment.

The action with regard to fire drills had not been addressed. Fire drill records did not record the time taken for staff to respond to the fire alarm or the scenario/type of simulated practice. Additionally records did not evidence simulated fire drills were undertaken to reflect a night time situation when staffing levels are lowest. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements.

Judgment:
Non Compliant - Moderate

Outcome 08: Governance and Management

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 last inspection in September 2015 the Inspector found that aspects of the quality assurance programme required further development. Action plans had not been developed and changes implemented to improve practice in all areas audited. The Inspector found on this inspection that a monitoring and review system had been implemented. The person in charge was reviewing clinical areas for example, nutritional care and falls. Results of these reviews were used to guide practice and any improvements required to decrease risk to residents were enacted. The Person in Charge explained that care plans were going to be reviewed in April 2016.

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:

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 report[1]

Centre name:	Ave Maria Nursing Home
Centre ID:	OSV-0000315
Date of inspection:	02/03/2016
Date of response:	30/05/2016

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 Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some care plans reviewed lacked sufficient detail to guide staff in the delivery of care, particularly with regard to nutritional care. They failed to include whether the resident was on a fortified diet or what supplements were prescribed. Food and fluid intake and output charts were available but did not provide sufficient detail to be of therapeutic value.

[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(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:
(A)Director of Care is contacting the Assistant Director Public Health Nursing to request a copy of the CSAR Nursing Assessment form she completes prior to residents / impending residents being granted funding under Fair Deal. The guidance of the Assistant Director PHN is also being sought with regard to obtaining a copy of the fully completed CSARS form.

(B)The Nutritional aspect of care planning is now revised to allow timely adjustment of residents needs. A comprehensive summary of Residents needing supplements, fortified diet etc is available in a discreet section of the dining room to assist nursing / care assistants and kitchen staff to meet identified needs.

(C)Roster changes have provided an additional carer to ensure residents nutritional and fluid intake needs are met.

Proposed Timescale:
(A)This is very much dependent on the response we receive from those identified above in the HSE.
(B)This change is already implemented.
(C)This change begun week commencing 23.05.2016 and will be initially reviewed 08.06.2016 and again for final review 08.07.2016 for beneficial effects.

Proposed Timescale: 08/07/2016

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:
The provision of regular dementia specific therapeutic activities in small groups required development.

2. 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:
(A)Two care assistants will be undertaking training – Activity Training for Older People (Imagination GYM)
(B)Activities and the organisation of activities is being restructured into more individualised smaller groups.

Proposed Timescale:
(A) June and September dates given.
(B) due to be implemented in July. (13.07.2016)

Proposed Timescale: 13/07/2016

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:
More dementia specific signage should be considered to give cues to residents to direct them towards their bedrooms. The bedroom doors did not have personalised features to make them more easily identifiable to residents with dementia .

3. 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:
(A)Colour will be used to highlight Doors according to their usage (bedrooms, bathrooms / toilets, living rooms etc).
(B)To personalise individual bedroom doors and make them more easily identifiable, we plan to use images of interest to the individual resident.

Proposed Timescale:
(A)Commencing and completion in June 2016
(B)Currently assembling images – will be completed by the end of June.

Proposed Timescale: 30/06/2016

Outcome 07: 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:
Hoists continued to be stored in the bathroom and the oratory.

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:
Planning permission has been granted for the proposed extension which will allow this issue to be resolved.

Proposed Timescale:

The proposed extension should be in progress by October 2016 pending the outcome of on-going financial negotiations.

Proposed Timescale: 31/10/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drill records did not record the time taken for staff to respond to the fire alarm or the scenario/type of simulated practice.

Records did not evidence simulated fire drills were undertaken to reflect a night time situation when staffing levels are lowest.

There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements.

5. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire Training and Evacuation drills are planned for 25th May 2016 for all available staff. A designated file is also commencing to record Fire training / Evacuation drills / Learning undertaken.

Proposed Timescale:
Commencing 25th May 2016 with ongoing updates.

Proposed Timescale: 31/05/2016