

**Health Information and Quality Authority
Regulation Directorate**

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



| | |
|---|--|
| Centre name: | St. Joseph's Nursing Home |
| Centre ID: | OSV-0000288 |
| Centre address: | Killowen, Kenmare, Kerry. |
| Telephone number: | 064 6641 100 |
| Email address: | info@kenmarestjosephs.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Rathsheen Investments Limited |
| Provider Nominee: | Donncha Kidney |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | Vincent Kearns |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 46 |
| Number of vacancies on the date of inspection: | 4 |

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.

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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: 09 March 2017 08:00 To: 09 March 2017 17:30

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

Summary of findings from this inspection

This inspection by the Health Information and Quality Authority (HIQA) of St Joseph's Nursing Home was unannounced and took place over two days. The centre was registered to accommodate the needs of 50 residents. There were four vacant beds, at the time of inspection. This inspection report sets out the findings of a thematic inspection, which focused on specific outcomes, relevant to dementia care. The person in charge had stated that there were more than 21 residents in the centre, who had been diagnosed with dementia.

Inspectors followed the experience of a number of residents with dementia who resided in the centre. Inspectors observed care practices and interactions, between staff and residents with dementia, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed, to guide

providers on best practice in dementia care and on the thematic inspection process. The provider had completed the self-assessment tool on dementia care and had forwarded this to HIOA, prior to the inspection.

Inspectors observed that staff had created an environment for residents with dementia, which promoted wellbeing. The centre was located adjacent to a busy town, near to schools and hotels. There were three enclosed garden/patio areas in the centre, which the person in charge stated were very popular, with residents and their visitors. Gardens were furnished with suitable outdoor seating, colourful ornaments and plants. Residents were seen to utilise the outdoor seating areas, independently, during the inspection.

As part of the dementia thematic inspection process, inspectors met with residents, visitors, the person in charge, the provider, staff nurses, care staff, the activity organiser and catering staff. Inspectors observed practices and reviewed documentation, such as, care plans, medical records, allied health care records and policies. A number of staff files and residents' care plans were checked for relevant documentation. The person in charge informed inspectors that she was involved in the centre on a daily basis. A second clinical nurse manager had been appointed, since the previous inspection, to enhance the governance and management systems.

Improvements were noted in the areas of documentation and health and safety, since the previous inspection. The action plan, at the end of this report, identifies where improvements were required to meet the requirements of regulations for the sector. These included, medication management, activity records and premises.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016, formed the basis for judgments made by inspectors, in the following report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

Residents' healthcare needs were met through timely access to medical treatment. Residents had access to health and social care services, which reflected the different care needs, of residents with dementia. Residents were enabled to make healthy living choices, for example, they were encouraged to walk around the centre, to participate in chair based exercises and to dance. The assessment, care planning processes and clinical care were supported by the use of evidence-based assessment tools. Each resident had been assessed immediately before, or on admission, to identify their individual needs and preferences. A sample of these pre-admission assessment forms were seen by the inspectors. Residents had a choice of medical practitioner, where possible.

Each resident, with dementia, had a personalised care plan in place, which was prepared within 48 hours of their admission. Documentation was seen, in a sample of these care plans, which indicated that residents or their representatives, were actively involved in the care planning process. Care was delivered to residents, in accordance with guidelines set out in the care plan. For example, staff were seen to support a resident, who became anxious at mealtime, in an appropriate manner. Care plans were reviewed, on an ongoing basis and at a minimum of every four months. The person in charge stated that she initially developed the care plans, which were then updated by the nurses. The plans were audited by the person in charge, to ensure accuracy and effectiveness. Care plans were made available to each resident and where appropriate, his/her representative. Treatment provided to each resident was supported by signed consent forms, where required. Inspectors found that each resident with dementia had their right to refuse treatment documented, in their initial assessment form. Systems were in place to ensure that all relevant information, in relation to residents with dementia, was provided when they were admitted or returned, from home or hospital. However, inspectors found that a notification of an incident where a resident had sustained a laceration, requiring two sutures from a GP, had not been sent to HIQA, as required under Schedule 4, part 7(f) of the regulations. This notification was sent to HIQA, retrospectively, immediately following the inspection.

Inspectors found that there were policies in place to support end-of-life care. According to staff, care practices at end of life, ensured that residents with dementia, received end-of-life care, based on their individual wishes, where known. The person in charge stated that residents had access to specialist palliative care services, when appropriate.

There was a comprehensive policy for monitoring and recording nutritional intake. Inspectors spoke with the chef, in relation to, specialised diets and menu choices. He stated that there was good communication, between the dietitian, the speech and language therapist (SALT) and the kitchen staff. Processes were seen to be in place, to ensure that the needs of residents with dementia, who were at risk of malnutrition, were addressed. For example, the universal malnutrition tool (MUST) was utilised, to assess residents' malnutrition risk, food intake charts were recorded and residents had their weight recorded, monthly. In addition, dietary supplements were prescribed by the GP, when necessary. Residents with dementia were offered appropriate meal time support, in a discreet and sensitive manner. Food was seen to be nutritious, varied and available in sufficient quantities. Extra snacks and drinks were seen to be provided throughout the day.

There were policies in place, relating to the ordering, prescribing, storing and administration of medicines, to residents. Staff followed appropriate medicines management practices. These were reviewed and monitored. However, the inspectors observed that a number of bottles of psychotropic medicine had not yet been returned to pharmacy, following the discharge of a resident. This medicine was stored in the medicines' trolley; this practice was not in compliance with Regulation 29 (6), which required that all such medicine shall be stored separately from medicine in use, while awaiting return to pharmacy. Staff informed the inspector that the pharmacists were facilitated to meet their obligations to residents. They were available to talk with residents and provided educational updates to staff.

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:

There was a policy, available in the centre, on the prevention of elder abuse. Staff were trained on the policy and procedures in place for the prevention, detection and response to abuse. There were measures in place to safeguard and protect residents with dementia. Staff, spoken with by inspectors, was aware of what to do in the event of an allegation, suspicion or disclosure of abuse. The provider and person in charge

monitored the systems in place to protect residents and stated that there were no barriers to staff or residents disclosing abuse. Residents with dementia and their relatives stated that they felt safe, in the centre. Any incidents, allegations or suspicion of abuse had been recorded. These incidents were seen to have been appropriately investigated and responded to, in accordance with the centre's policy and regulatory requirements. •

Residents' financial arrangements were managed in a transparent and careful manner. The fees for care were set out in residents' contracts and invoices were sent, for any costs incurred. Receipts were available for hairdressing and chiropody services. Residents' property lists were maintained and updated. A locked facility was available for money or other valuables.

There was a policy on, and procedures in place, for working with residents, who experienced the behaviour and psychological symptoms of dementia (BPSD). Arrangements were in place for investigating and learning from serious incidents/adverse events, involving these residents. Efforts were made to identify and alleviate the underlying causes of BPSD. Care plans for these events were individualised and informative. A restraint-free environment was promoted and risk assessments were in place, for the use of bedrails, where required. A daily and nightly checklist was maintained, for the safe use of bedrails.

Closed circuit television (CCTV) was used in the corridors of the centre. A centre-specific policy was in place which outlined the use of CCTV and identified the location of the cameras. The provider was aware of data protection requirements, under Data Protection legislation. Signage, indicating the use of CCTV, was in place.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Inspectors observed that residents had access to newspapers, TVs and radios. There were notice-boards in place which provided information, for residents and visitors, about activities and events in the centre, as well as in the community. Residents with dementia also had access to a hairdresser, group activities, and various beauty treatments when requested.

As part of the dementia thematic inspection, inspectors observed periods of interaction between staff and residents. Inspectors used a validated observational tool to rate and record at five-minute intervals the quality of interactions in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the dining room and one sitting room. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. One observation period was undertaken during an activity session, in the sitting room. Residents were involved in group singing, chair based exercises and dancing. Of the 18 residents present, 16 were seen to participate while two other residents were asleep for a period of time. The activity organiser addressed residents by name and the songs were familiar to residents, who sang along. A number of residents danced with the staff member. Residents with dementia were familiar with the activity session and were seen to be taking part. For example, two residents joined with the activity organiser, to dance the "three-step" reel. Residents were seen to follow the steps of the dance and they mobilised confidently, while dancing. The activity was designed to encourage and facilitate successful interaction by highlighting the past experiences of residents. For example, one resident reminisced about his experience while dancing in the "Gleneagle" hotel. In addition, when specific songs were played, a number of residents waltzed, with the staff member. It was apparent to the inspector that residents enjoyed taking part and that a sense of wellbeing was promoted, amongst the group. The staff member was seen to intervene when residents with dementia became restless and succeeded in reassuring a number of residents, who then joined in conversation with other residents. Following the event, residents were served tea, cake and biscuits. The observing inspector noted that the majority of interactions, during this period, involved positive connective care.

A second observation period took place in the dining room, at dinner time. Interactions were noted to be generally positive at this time and residents were seen to engage well with staff members. Residents were appropriately assisted to move to the dining tables. Residents were asked about their choice of meal. Tables were nicely set with white linen and napkins. 20 residents were present in the dining room at this time. One chair was adjusted from the 'tilt' position to suit the resident's needs. A staff nurse administered medications to residents, at this time. Staff were seen to support residents with dementia, in a discrete and enabling manner. The overall assessment of this period of observation was one of positive connective care.

The person in charge explained that there were arrangements in place, to ensure that each resident's religious and cultural beliefs were respected. Mass was said on a weekly basis and persons of all religious persuasions were facilitated to attend services, if required. Inspectors noted that residents were consulted about changes in the centre and there were records of the minutes of residents' meetings maintained. Residents, who spoke with inspectors, said that they would raise concerns with staff members. Relatives, of residents with dementia, stated that they were consulted about residents' care and care plans. The activity organiser spoke with the inspector, in relation to the range of activities available. For example, residents were involved in card making, knitting, quiz, newspaper reading sessions, make-up class, bingo and art work. These items were on view in the activity room. The staff member also explained to inspectors that residents were facilitated to go out to the town, to attend computer classes, to spend time at home and to attend residents' forum meetings. Inspectors spoke with one

resident who stated that he chose not to go to activity sessions. He confirmed that this choice was respected. Attendance at activities was recorded, to enable the staff member to ensure that all residents were included. However, the records were brief, were not person-centred and were recorded centrally. The activity organiser undertook to record the participation in more detail and to personalise the records in residents' files. She informed inspectors that she would be afforded more activity hours in March, when she would address these issues. The person in charge stated that life story information was being compiled for residents and that staff were being facilitated to attend communication training. She aimed that all staff would have this training completed by the end of April 2017. In addition, she was forging links with the Alzheimer society and local day centres, to further enhance the lives of residents with dementia, in the centre.

There were external, independent advocates available to residents with dementia, or their relatives, should they wish to obtain support, help to make a complaint or require assistance to express their views. Inspectors viewed posters for this service on the notice board with contact details available if required. Residents, spoken with, were aware of how to make a complaint or raise a concern. There was a good level of visitor activity throughout the inspection. Residents had access to a portable telephone and their personal mobile phones. Residents informed inspectors that they received phone calls in the evening, from relatives, on their personal mobile phones. Residents, spoken with, said that they felt content and they praised the person in charge, the staff members, the activities personnel and the food. Visitors were also praiseworthy of staff.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

The centre had an up-to-date policy and procedure for the management of complaints. Residents were aware of how to make a complaint and they knew that the person in charge was the complaints officer.

The complaints procedure was displayed in a prominent place and a copy was included, in the residents' guide and residents' contracts of care. There was evidence that a record of complaints was maintained. This record included the details of the complaint, the results of any investigation, any actions taken and whether, or not, the complainant was satisfied, with the outcome.

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:

According to the person in charge and staff members spoken with, there were appropriate staff numbers and skill mix on duty, to meet the assessed needs of residents. Staff training records were reviewed by inspectors. Staff had attended mandatory training. There was evidence of staff having been afforded a wide range of appropriate training, to meet the needs of residents. For example, training on infection control, end-of-life care, fire safety, falls management, BPSD and dementia care. The training matrix was made available to inspectors.

Samples of staff files, reviewed by inspectors, were seen to be in compliance with the requirements of Schedule 2 of the Regulations. The person in charge confirmed with inspectors that the required Garda vetting (GV), was in place for all staff and relevant personnel.

The person in charge stated that a staff appraisal system was in place. Documentation to support these appraisals was available, in the sample of staff files reviewed. In addition, inspectors found that a robust induction process was in place, for staff. Inspectors observed that there were a number of extra staff on duty on the day of inspection, to facilitate the process of inspection.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

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 nursing home was a purpose-built, single-storey facility situated on the outskirts of Kenmare town. The centre accommodated 50 older residents. There were 46 residents in the centre, on the day of inspection.

Residents were seen to mobilise, independently, along the spacious and bright corridors,

using the grab rails provided. The environment was homely, well decorated and generally clean. Communal areas included four sitting rooms, two dining rooms and a spacious reception area. There was a dedicated activities room, a treatment room, a visitor's room/meeting room and a room for 'Sonas' activities, available to residents. The oratory and one sitting room could be joined together, when the sliding partition doors were moved. This facilitated a large group of residents to attend religious services. The person in charge stated that mass was relayed daily to their oratory, from the church in town, in addition to, weekly mass, which was said in the centre. Residents had access to three internal courtyard areas. These were suitably planted according to seasonal changes. Inspectors found that these were readily accessible to residents and the exit doors to the courtyards were open, on the day of inspection. The person in charge had indicated, in the self-assessment documentation that new seating was to be placed near the nurses' desk area, to enable residents' to rest, when mobilising. In addition, signage had been erected to facilitate orientation, for residents with dementia. This signage was reflective of the names of streets in the local town. Residents stated that the signage facilitated them to locate their bedrooms, the dining room and the sitting room.

The bedroom accommodation in the centre consisted of:

- 23 single rooms
- seven two-bedded rooms
- three three-bedded rooms
- one four-bedded room.

All bedrooms had en suite toilet and shower facilities. Coloured toilet seats had been installed for residents with dementia, in line with best evidence based practice, to promote independence and toilet recognition. Improvements had been made in the four-bedded room to provide a more spacious layout, to improve access to the en-suite area and to provide better wardrobe allocation. Similar to findings on the previous inspection, space in the three-bedded and four-bedded rooms was restrictive, for the residents who resided there. The provider stated that he intended to renovate the premises in the near future, with the intention of providing more space to residents. In addition, the bathroom in the centre had now been converted into a store room and the bath had been removed. The provider stated that the lack of a bath, to aid residents' choice, would be reviewed, when the planned renovations were being carried out. The provision of a bath was a regulatory requirement.

The dining room tables were set with serviettes, fresh flowers, place mats and cutlery. This was a large, bright room, consisting of two interlinked areas, adjacent to the spacious kitchen. Sitting rooms were plentiful and were nicely decorated. There was a peaceful conservatory area available for residents and visitors.

However, inspectors noted that a number of large chairs in one of the sitting rooms were not clean. Food particles were seen on the seats and down the side of the cushions of these chairs. The provider undertook to ensure that these chairs were cleaned regularly. In addition, the covering on a number of these chairs was torn. This required repair to ensure that fire safety requirements were met; as there were a number of residents who smoked in the centre. Furthermore, inspectors noted that there were a large number of small 'burn' marks on the floor covering, in the residents' internal smoking room. The person in charge stated that these marks had occurred

previously. However, the inspectors formed the view that the floor covering was heavily stained with these burns and required replacement. While there was an ashtray in the smoking room, inspectors also noted that there was some cigarette ash on the floor.

Inspectors discussed the unsuitable laundry provision with the provider. Two clothes driers were located in the sluice room. This presented an infection control risk as this was not a suitable place for clean clothes to be located. In addition, there was no hand washing sink, or urinal rack, in the sluice room. Inspectors found that there was an unsuitable hand washing sink in the laundry area, also. The provider stated that he would undertake to replace this, with a hands-free tap and suitable sink. In addition, there were cobwebs noted on some en-suite bathroom windows, a number of shower drains required cleaning and there were brown water stains behind some toilets. The provider stated that one member of the cleaning staff was currently not available to work. He stated that, previously, two members of staff had undertaken this duty, therefore some cleaning tasks were not up to date.

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 O'Mahony
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: | St. Joseph's Nursing Home |
| Centre ID: | OSV-0000288 |
| Date of inspection: | 09/03/2017 |
| Date of response: | 11/04/2017 |

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:

A notification of an injury to a resident, which required medical attention, had not been made to HIOA and a record of such a notification had not been maintained, as required under Schedule 4: Part 7(f) of the regulations.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

HIQA notified in retrospect of resident who required medical attention post fall, The record of notification has been maintained as required under Schedule 4 of the Regulations

Proposed Timescale: Complete

Proposed Timescale: 11/04/2017

Theme:

Safe care and support

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

Medicines, no longer in use, were stored in the medicines trolley, with medicines currently in use, and had not been returned to pharmacy.

2. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Medications have been returned to pharmacy. New paperwork has been developed to ensure that any resident who is discharged or has died has their medications returned within 24 hours to the chemist. Checklist also details any other relevant procedures that need to be followed post discharge or death of a resident. Nurses have received education on how to complete these and ensure that the records are maintained

Proposed Timescale: 11/04/2017

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:

Life story and information on residents' activity preferences was not recorded in all residents' care plan, to enable activities to be tailored to the individual needs and abilities of residents.

3. 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:

Activities coordinator along with PIC will have individualised filing system for all residents who participate in activities and a more in depth record system of activities will be maintained.

Histories are being compiled and have been requested from family members and residents to enable a more robust activities programme. All new admissions are being asked to complete these forms on admission. Therefore this system will be on-going.

Proposed Timescale: Complete and on-going

Proposed Timescale: 11/04/2017

Theme:

Person-centred care and support

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

Ensure that all residents have access to relevant community services and groups to enhance their wellbeing and their sense of involvement with community activities and events.

4. Action Required:

Under Regulation 09(3)(c)(iv) you are required to: Ensure that each resident has access to voluntary groups, community resources and events.

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

Information has been collected and displayed re activities taking part in the local area. Activities coordinator will liaise with residents to establish who would like to attend the outings. Activities coordinator does accompany residents to Afternoon Tea, Hairdresser Appointments and any other requests residents may have outside of the nursing home. Families are encouraged to involve their family member in activities outside of the nursing home setting such as lunch, communion, christenings etc.

Proposed Timescale: On-going

Proposed Timescale: 11/04/2017

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

Effective care and support

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

The four bedded-room and the three bedded rooms were restrictive in space, for the residents who resided there.

5. 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:

Rooms in recent months have been realigned to offer more space to residents in the 3 and 4 bedded rooms. Provider Nominee is liaising with architect to establish if changes can be made to optimise comfort, privacy and dignity for all our residents.

Proposed Timescale: On-going

Proposed Timescale: 11/04/2017

Theme:

Effective care and support

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

There was no bath in the centre.

A number of chairs required cleaning and repair.

The sluice room and laundry room arrangements were unsuitable.

En-suites bathrooms and a number of chairs required cleaning:

-there were cobwebs noted on some en-suite bathroom windows

-a number of shower drains required cleaning

-there were brown water stains behind some toilets

6. 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:

Provider Nominee is liaising with architect to replace bath in centre. Provider Nominee is discussing with architect and builder to expand sluice and laundry room arrangements. We have two full time cleaners employed at the centre who have been informed of the necessary cleaning standard and what level of cleaning is expected in this role. CNM is performing regular checks on all rooms and reporting to PIC any shortfalls and these are being dealt with immediately.

Proposed Timescale: On-going

Proposed Timescale: 11/04/2017

