

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinderry Nursing Home
Centre ID:	OSV-0000318
Centre address:	Kilconnell, Ballinasloe, Galway.
Telephone number:	090 968 6890
Email address:	ballinderrynursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ballinderry Nursing Home Limited
Provider Nominee:	Mary Noone
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	8

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: 15 February 2017 09:30 To: 15 February 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		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspector also reviewed notifications received by HIQA and the responses to the four action plans outlined following the last inspection. The responses to these action plans are discussed under the relevant outcomes.

The centre is located in a rural setting just outside the village of Kilconnell and is 13 kilometres from the town of Ballinasloe. The premises are purpose built and can accommodate 44 residents in 14 single and 15 double rooms. There were several communal areas where residents could spend time during the day, take part in activities or spend time quietly. There was also a spacious dining room. All areas were noted to be used well by residents at varied times of the day and were furnished in a comfortable homelike style.

Residents are accommodated on a long and short term basis and the centre provides care to people who have problems associated with old age, dementia or who have

convalescent, rehabilitation or palliative care needs. Residents with dementia are integrated with the overall resident population in the centre. Approximately half of the resident group had problems associated with dementia or cognitive problems when this inspection took place.

The inspector met with residents and various members of staff during the inspection. The care records of three residents with dementia were reviewed, and aspects of care that included nutrition, social care, mobility and falls prevention in relation to other residents were reviewed. Care practice and interactions between staff and residents was observed using a validated observation tool, the quality of interactions schedule (QUIS), to rate the quality of interactions between staff and residents. The observations conveyed that residents had regular contacts from staff who engaged with them in a positive and meaningful way at all times. Staff were noted to greet residents warmly when they entered rooms. They engaged them in conversation during their varied contacts for example when encouraging them to undertake particular activities, during meal times and when administering medication. The inspector talked to residents during the morning and afternoon. They were positive about the personal and social care they received, the attention provided by staff and the social activities available. The previous day they had made flower arrangements and a cake for St. Valentine's Day. The flowers were displayed in the sitting areas and dining room. They had enjoyed reflecting on past times particularly the changes in the ways some events were celebrated now. They also said the activity organiser talks to them about the local and national news and they say prayers each morning. This makes a "good start to the day and then there are other activities such as baking, bingo, reminiscence and exercises".

The inspector found staff were well informed about the value of emotional support, adequate and appropriate social activity, validation of feelings and reminiscence when supporting people with dementia. There were care plans in place that described residents' communication needs and staff had measures in place such as memory boxes outside residents' doors to support their orientation to their surroundings and to help them locate their rooms. Staff were observed to talk to residents directly and to engage eye contact when speaking to people particularly when assisting them with personal care and at meal times.

The inspector found that the wellbeing and welfare of residents, including people with dementia, were met to a satisfactory standard. There were adequate staff resources available over 24 hours to meet the needs of residents and there was an interesting and varied social care programme that met the needs of all residents provided daily. There was access to general practitioners (GP) and to allied health professionals when required. The treatment plans and recommendations made were noted to be incorporated into care plans and followed by nurses and care staff. Residents have access to advocacy services and to spiritual and pastoral care support from local clergy and a volunteer. Changes to the premises that reflected good practice in dementia care were in progress. These included memory boxes outside doors as described earlier, and the decoration of bedroom doors in primary colours, which contributed to helping residents find their way around, locate their rooms, toilets and communal areas.

There were policies and procedures in place to safeguard residents from abuse. All staff had completed training in safeguarding vulnerable persons from abuse, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any situation that could be determined as abuse.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas that required improvement included the records of accidents and incidents as these lacked information on measures that could prevent future episodes and lessons learnt from events, some premises issues required attention as there was damaged flooring in the smoking area and some toilets had raised seats that were not fixed, which may not provide adequate stability for residents with mobility problems.

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):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents including residents with dementia is discussed in Outcome 3. There were 36 residents accommodated on the day of this inspection. There were 25 residents assessed as maximum or high dependency and the remaining residents had medium or low dependency care needs. Approximately half of the resident group had a diagnosis of dementia or some degree of cognitive impairment. There were no residents under 65 years of age residing in the centre on the day of inspection.

The inspector found that the wellbeing and welfare of residents including people with dementia were met to a satisfactory standard with particularly good emphasis placed on accurate assessment of care needs and the provision of social care. There was appropriate access to medical and allied healthcare services when required. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Pre-admission assessments were undertaken to ensure that the service could meet the needs of individual residents. Prospective residents and their families were invited to visit the centre prior to making a decision to live there. Some residents told the inspector that it had been their own decision to move to residential care as they recognised that it was becoming increasingly difficult to manage at home.

Comprehensive assessments were carried out following admission and included validated tools to determine risk in relation to malnutrition, falls, cognitive impairment, disorientation and skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. Care plans for dementia and for management of health and behaviour that fluctuated were available, and generally provided appropriate guidance to staff to ensure a person centred approach to care. For example, there was an assessment of cognitive impairment and associated care plans that described how dementia impacted on day to day life and the interventions to be undertaken by staff to ensure residents had appropriate care. Care plans included information on what residents could do for themselves, who they recognised or what activities they could engage in either on an individual or group basis. Some residents told the inspector that they had contributed information to their care plans and

confirmed that staff regularly discussed their health and wellbeing with them.

The inspector tracked the journey of three residents with dementia, and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents. The inspector found that residents had pressure ulcer risk assessments completed on admission and these were regularly reviewed. Many residents were provided with pressure relieving mattresses and seating. Wound care management procedures were reviewed and were found to reflect up to date practice. There had been two wound care problems reported to HIQA. Both had resolved and no wound care issues were in receipt of attention at this time the inspector was told.

There were systems in place to optimise communications between the acute hospital and the centre. Copies of transfer documentation to and from hospital in residents' files contained appropriate information about their health, medications and their specific communication needs.

An assessment of cognitive function was routinely completed for residents. The information available described residents' cognitive conditions, abilities, care needs and dementia related behaviours. The care plans provided adequate guidance for staff to ensure they met residents' identified needs in a systematic way. For example some residents required a higher level of support at different times and some displayed varied behaviour patterns, and the need for this varied input was evident in the care plans examined and in the daily records maintained by nurses. Periods of restlessness and particular behaviours displayed at times by residents was well understood by staff who said that they talked to residents, provided reassurance and involved them in an activity to alleviate their distress. The inspector saw these interventions took place with good outcomes for residents.

Residents and their families, where appropriate were involved in the care planning process and their contributions to critical decisions in relation to care practice, end of life care and active interventions in times of medical crisis were recorded. Single rooms could be provided for end of life care and relatives were supported to be with residents during this time. They were facilitated to stay overnight and arrangements to ensure they had refreshments were made available. Residents had access to allied healthcare professionals, some from the Health Service Executive (HSE) and some from a private company.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration or deficits in nutrition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss or gain was observed. Residents were provided with a choice of dishes at mealtimes. There was an effective system of communication between nursing and catering staff to ensure the needs of residents with special dietary requirements were met. The inspector observed the lunchtime meal and found that this was a social, pleasant occasion that many residents shared in the dining room. There was good interaction between staff and residents while the meal time progressed. Some residents choose to have meals in their rooms and here too the inspector noted that staff serving meals took time to talk to residents, discuss the choice they had made and invited them

to call if they required assistance.

There were arrangements in place to review accidents and incidents and residents were regularly assessed for risk of falls. Care plans were in place where a falls risk was identified. The records that described falls and incidents and reviews of falls did not convey what interventions to mitigate risk of further falls were put in place. Any learning from incidents that occurred was not recorded as part of learning from untoward events and accidents.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed the medication administration and storage arrangements with one of the nurses. All medicines administered were recorded at the time of administration and systems for medication management were in accordance with good practice guidance. The action plan in the last report that highlighted where no reason or code was recorded for medication not given had been addressed. Staff described reasons when a medicine was omitted, for example due to refusal or because it was not required. There were systems in place to ensure that residents with conditions such as epilepsy or mental health problems who required regular blood tests were monitored appropriately. Emergency supplies of medication were available to manage critical events such as seizure activity.

There was a comprehensive programme of social care as described in Outcome 3 and there were care plans which outlined the social care needs of residents and their interests and backgrounds. This information was used to inform and coordinate the activity schedule.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Staff had good awareness of the safety and protection measures in place to ensure that residents were safe and appropriately protected. There were policies in place to guide and inform staff on how to address responsive behaviours and behaviours related to dementia and end stage dementia. Procedures for the management of restraint were also available. Policies were seen to give clear instructions to guide staff practice. The inspector was told that some residents with dementia or mental health problems displayed episodes of responsive behaviours or had fluctuating behaviour patterns. This was documented in care plans and staff could describe contributory factors such as the

presence of infection which they monitored to reduce the incidence of behaviour changes. Staff had received training on responsive behaviour and behaviours related to dementia during 2013, 2014 and 2015. Further training on aspects of dementia care was planned for 2017.

There were some bed rail restraints in use as a falls prevention measure and for security. There was evidence from a review of bedrail use that risk assessments were completed and their use was closely monitored. Alternative measures were put in place before a decision to use bedrails was considered. There was no restriction on residents' movements around the centre.

Measures to protect residents from being harmed or suffering abuse were in place. A policy and a range of procedures to support and guide staff on the prevention, detection and response to allegations of abuse were in place. Staff spoken to by the inspector confirmed that they had received training on recognising signs of abuse, and were familiar with the reporting arrangements they were expected to follow. 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 policy was in place for the management of residents' personal belongings and valuables and appropriate procedures were in place to ensure the safety of money and property. Records of residents' valuables and property kept in the centre were maintained. Residents were encouraged to manage their own affairs where this was possible and a number did this with support from the administrator. There were records of when pensions or other money was collected, when bills were paid and the balances in hand. Receipts were issued to residents and all transactions were signed by two staff or staff and the resident concerned. There were no residents with ward of court arrangements in place. This outcome was judged compliant as the arrangements in place across the aspects examined met good practice standards and legislative requirements.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents including residents with dementia were consulted and actively participated in the organisation of the centre. Information in care records indicated consideration had

been given to peoples' levels of capacity and their abilities to make their own choices and decisions.

There were no restrictions to visits and many residents were observed spending time with family or friends in the varied sitting areas throughout the day. Some residents went out regularly with family and friends.

The inspector spent time observing staff and resident interactions during the morning and before the mid day meal using the observation tool QUIS. These observations took place in the communal sitting areas. The engagement between staff and residents was positive, inclusive and contributed to the well being of residents. For example in the early morning the activity coordinator was on duty and greeted residents as they came in to the sitting rooms and talked about the news, the weather and what had happened the previous day. There was a pleasant lively atmosphere and residents said they enjoyed this time as they chatted and watched television.

The inspector saw that staff engaged residents in conversation whenever they were nearby. When passing through any area where residents were sitting they greeted residents and took time to speak with them. Staff were familiar with residents' day to day personal care needs, family backgrounds and interests and used these aspects of life to chat with them about their family and the news of the day. This information was recorded in a document called "A Key to Me". The inspector saw that staff used their varied contacts with residents to find out how residents were feeling, what activity they were looking forward to during the morning or afternoon and if they expected any visitors that day. Overall the observation of interactions between residents and staff indicated that conversations were meaningful and contributed positively to the quality of life of residents. All residents including residents who spent time in their bedrooms had some personal interventions at regular intervals. There was good use of prompts, eye contact and touch. No resident was left without engagement or stimulation for a long period of time. The activity coordinator said that part of her duties included going to residents rooms to spend time with them and also to offer them the opportunity to take part in the activities planned for the day.

During the midday meal the inspector observed that staff were available in adequate numbers to encourage resident's independence and to assist them in a discreet and sensitive manner. The inspector observed staff offering menu choices to residents and reminding them about the choices they had made. The inspector observed that residents were given plenty of time to have their meal and that the experience was a pleasant social event. The inspector observed that staff communicated and engaged with residents while assisting them. The delivery of care at this time reflected a person-centred approach and supported residents to maintain their independence, dignity and functioning.

Residents including residents with dementia were consulted and actively participated in the organisation of the centre. Information in people's care records indicated consideration had been given to people's levels of capacity and their abilities to make their own choices and decisions.

There was a varied social and recreation programme based on care plans that outlined

the social care needs of residents, their interests and backgrounds. This information was used to inform and coordinate the activity schedule.

An activity coordinator was employed and she facilitated the majority of activities with support from care staff. Conversations with staff and residents, a review of documentation and observation and discussion with the person in charge confirmed that social care and recreation activity formed a significant part of the day for residents. The activity coordinator described how the activity programme was designed to meet residents' changing needs. She conveyed a good understanding of the needs of residents with dementia and was creative in her efforts to ensure residents were provided with activities that met their interests and capabilities. She had completed training on dementia care, imagination gym and craft activity of interest to older people.

The inspector found there was a varied activities programme that included arts and crafts, exercises, music, baking and knitting. Reminiscence and Imagination Gym sessions were conducted regularly and had proved very successful in obtaining residents' interests. The inspectors found that occupation and recreation was adjusted to ensure that residents with dementia could participate fully. There were activities aimed at meeting their specific needs. These included sensory activity such as hand massage, the creation of memory boxes, arts and crafts, and film shows.

Residents were facilitated to exercise their civil, political and religious rights. Residents were enabled to vote in elections. Choices and preferences were respected on a day to day basis. Residents were noted to be able to get up and return to bed at times that suited them and were asked by staff whether they wished to stay in their room or spend time with others in the communal rooms. Inspectors observed that residents could spend time in varied rooms and could watch TV or take a nap when they wished. Newspapers including local papers and magazines were available. There was some good signage to direct and enable residents with dementia to independently access toilets and communal areas and inspectors were told that this is being developed further to ensure that it meets the needs of everyone.

Judgment:

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:

The inspector found that all complaints were recorded and addressed. The person in charge had responsibility for addressing complaints and investigating matters of

concern. Residents told the inspector that they would raise concerns they had with any members of staff, and that if they had a serious problem they would talk to the person in charge or to the provider who was regularly in the centre.

A procedure was in place to ensure the complaints of residents, their families or next of kin, including those with dementia, were listened to and received prompt attention. The process included an appeals procedure. The complaints procedure was displayed and met regulatory requirements.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

The inspector examined the staff duty rota for a two week time span. The rota showed the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staff numbers and skill mix on duty and were satisfied that staff allocations were appropriate to meet the needs of residents during the day and at night. This judgment was based on observations of care practice, staff interventions, feedback from residents and the availability of social activity.

Arrangements to achieve compliance with mandatory training for staff were in place. Staff training on fire safety, safe moving and handling and safeguarding vulnerable persons was up to date. Training to support professional development was also provided and included training on restraint management, dementia care and management of responsive behaviours. All staff including care staff had attended training on emergency procedures including cardiopulmonary resuscitation (CPR). Two staff had attended training on the Sonas activity approach which is a sensory method to engage people with dementia. Other training provided included hand hygiene and nutrition management. Staff who had specific roles such as the activity coordinator had training to equip her for this role. Staff reported that they had good opportunities for training and development. Varied staff interviewed said that a good team spirit had been fostered and that they worked cooperatively to meet the needs of residents.

The rota indicated the person in charge had sufficient time for management and governance tasks and to support and supervise staff. The person in charge arrangements had changed in October 2016. The new person in charge was an experienced nurse who had worked in the centre for several years. She knew residents well and was familiar with their care plans, medical conditions and particular precautions

that had to be observed in relation to safety for some residents. She facilitated the inspection in a competent manner and demonstrated that she was familiar with the regulations and standards that underpin the operation of designated centre. The person in charge and provider told the inspector that there were problems recruiting qualified nurses. Nurses currently employed were very experienced and while there was a vacancy for a full time nurse when this inspection was conducted, the shortfall in nurse cover was addressed by part time staff working additional hours. Nurses covered any absences of the person in charge and they were familiar with the notifications to be made to HIQA, the regulations and standards.

Systems to support communication between staff to enable them to provide safe and appropriate care were in place. There were daily handovers to ensure good communication and to promote the continuity of care from one shift to the next.

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 centre is located in a rural setting and is a short distance from the village of Kilconnell. It is a single storey over basement building that is maintained in good decorative condition. It had undergone a significant refurbishment during 2015, which had eliminated the use of communal bedrooms. Bedrooms were now single or double occupancy.

All areas viewed were visibly clean. Equipment and appliances such as hoists, wheelchairs and walking aids were available to support and promote the independence of residents. The inspector viewed all premises areas as residents with dementia were accommodated throughout the building.

There were a number of dementia friendly design features throughout that included adequate space for residents to walk around freely and a choice of communal areas. There was good natural light throughout the centre and residents had views over the surrounding countryside from sitting/dining areas as well as from their bedrooms. There was contrast in the colours used for floors, walls and handrails which are positive dementia design features that make it easier for residents to mobilize and assist wayfinding. There was signage to assist residents to locate areas such as toilets and sitting rooms and many bedrooms had features such as memory boxes outside that enabled residents to identify their own rooms independently. Memory boxes contained items of specific relevance to residents such as personal photographs, items of jewelry or symbols that had meaning for them to assist in prompting memory.

There were several rooms in which residents could sit and spend their time during the day. All areas were attractively furnished and decorated in a home-like style. There was good use of colour on walls and in features such as pictures which added visual impact and provided a focus for residents with dementia or people who had sensory problems. There were two main sitting areas and a separate dining room. These areas were in regular use, were well organized and appropriately furnished. The sitting rooms had adequate armchairs and chairs of varied designs to support residents' personal needs. The dining was furnished in a home-like style and residents were able to see into the main kitchen and see the final preparation of meals. Dining tables were well positioned and there was adequate space to accommodate wheelchairs and mobility aids. Residents told inspectors that they enjoyed spending time here and said that staff "made great efforts to keeps the dining room looking good and there were fresh flower arrangements on tables most days". The flowers on display when the inspection was completed had been arranged by residents for St. Valentine's Day. Residents who chose to spend time in their rooms were visited frequently by staff who checked that they were comfortable and provided drinks and snacks.

There were some areas that were noted to require attention including that some toilets and bathrooms had handrails on one side only which did not provide fully effective support for residents with mobility problems. Personal protective equipment such as gloves and aprons were stored in hallways which could present a risk to residents with cognitive impairment. The aforementioned had been outlined for attention in the last inspection report. Other areas that required attention included the presence of uneven and damaged tiles at the entrance to the smoking room and uneven paving slabs in the garden, which presented a hazard, and radiators required repainting as paintwork was chipped and damaged.

There was an ongoing programme of refurbishment for the centre and the inspector was told that residents were consulted about colour schemes and furniture when replacements were sourced. The housekeeper and staff confirmed this and gave examples of the new colours on doorways and soft furnishings in the "west wing" as an example. The centre had outdoor space that was secure and that provided residents with a good view over the surrounding countryside.

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:

Geraldine Jolley
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:	Ballinderry Nursing Home
Centre ID:	OSV-0000318
Date of inspection:	15/02/2017
Date of response:	12/04/2017

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:

Care plans were in place where a falls risk was identified, but the records of falls and incidents or reviews of falls did not convey what interventions to mitigate risk of further falls were put in place. Any learning from incidents that occurred was not recorded as part of learning from untoward events and accidents.

1. Action Required:

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

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

It is now standard practice to record any learning outcomes that come to light as a result of an incident/accident in the relevant section to enable future care plans to be modified and enhanced to improve resident care.

Proposed Timescale: In practice.

Proposed Timescale: 12/04/2017

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:

Some toilets and bathrooms had handrails on one side only which did not provide fully effective support for residents with mobility problems.

Personal protective equipment such as gloves and aprons were stored in hallways which could present a risk to residents with cognitive impairment.

Uneven and damaged tiles at the entrance to the smoking room and uneven paving slabs in the garden presented a hazard and

Some radiators required repainting as paintwork was chipped and damaged.

2. 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:

Quotes have been requested for additional handrails for the bathrooms, same to be purchased and fitted.

Personal protective equipment such as gloves and aprons that were stored in hallways have been relocated to areas off the hallways.

Uneven and damaged tiles at the entrance to the smoking room are to be removed and replaced. Proposed timescale 30/06/2017.

Uneven paving slabs in the garden are to be removed and relaid. Proposed timescale 30/07/2017.

Radiators that required repainting are being painted at present. Proposed timescale for completion 30/06/2017

Proposed Timescale: 30/07/2017

