

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillside Nursing Home
Centre ID:	OSV-0000347
Centre address:	Attidermot, Aughrim, Ballinasloe, Galway.
Telephone number:	090 967 3996
Email address:	hillside_nursing@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mary Nuala Cormican
Provider Nominee:	Mary Nuala Cormican
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

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

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

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: 19 September 2017 09:30 To: 19 September 2017 17:50

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	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 11: Information for residents		Compliant

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. As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection the provider had completed a self- assessment document and had submitted this to HIQA with relevant policies including procedures for the admission of residents and the management of responsive behaviours. The inspector

reviewed these documents prior to the inspection. The inspector met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files were examined.

The centre can accommodate 26 residents and at the time of inspection 24 residents were accommodated. Twelve residents were identified with a dementia related condition as their primary or secondary diagnosis.

The person in charge and staff team were very committed to providing a good quality service for residents that was homely and person centered. Residents' healthcare needs were met with access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of suitable activities for them during the day. Staff were committed to their roles and were well informed about residents and their daily routines.

The inspector observed care practice and interactions between staff and residents. Staff were respectful and friendly to residents and demonstrated that they were familiar with their dementia care needs. Choices were outlined in relation to activities, where they wanted to sit during the day and what they liked to eat at meal times. Residents were greeted by staff when they met and visitors were welcomed throughout the day.

There was an adequate complement of staff deployed with the appropriate skills and experience to effectively meet the needs of residents. The inspector found that residents were well cared for, that their nursing and care needs were being met and that there was a programme of interesting activity to ensure social care needs were met.

A total of eight outcomes were inspected. The inspector judged four outcomes as compliant and four as substantially compliant with the regulations. 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 (as amended) and the National 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 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:

There were a total of 24 residents in the centre on the day of this inspection. At the time of inspection 12 residents were identified with a dementia related condition as their primary or secondary diagnosis. Two of these residents were under 65 years of age. All residents were residing in the centre on a continuing care basis except one resident admitted for a period of respite care.

Resident's wellbeing and welfare was being maintained to a high standard of evidence-based nursing care. The care and support provided to residents was found to be person centred and encouraged residents to maintain independent.

Residents had a choice of General Practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a regular basis. The inspector saw regular medical reviews documented in residents files. Residents had access to allied healthcare professionals including, dietetic, speech and language therapy, podiatry and ophthalmology and physiotherapy services. Residents had good access to the specialist mental health services.

The inspector focused on the experience of residents with dementia, tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

Pre-admission assessments were undertaken to ensure that the service could meet the individual needs of residents and to ensure the placement was appropriate. Prospective residents and their families are invited to visit the centre where possible prior to making a decision.

Residents had a comprehensive nursing assessment completed on admission. Residents had their assessed needs set out in an individual handwritten person centred care plans which directed their care. There was evidence that residents and their family, where appropriate participated in care plan reviews. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia.

Care plans contained detailed information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. They were plans of care in place for all problems being managed.

Each resident had a communication care plan which outlined any problems in relation to dementia, confusion or responsive behaviours. The care plans described how dementia impacted on day to day life and the interventions to be undertaken by staff to ensure that residents had appropriate care and maintained the maximum level of independence in their activities of daily living.

There was information on the backgrounds and previous lifestyles of residents to inform and guide staff on the delivery of person centred care. Social care assessments were completed and care plans developed. In social and recreation care plans any limitations in relation to dementia or cognitive impairment were outlined and linked to a key to me. This ensured suitable activities were provided regarding the residents' capacity and life stage. Each resident had a communication care plan. Their cognitive understanding was described well in records. There was information outlined to guide staff when residents could follow instructions and when capacity for understanding was limited. The activities that residents could do for themselves and their daily routines were outlined to guide staff actions.

During this inspection, there were no residents requiring end of life care. Residents and or their representatives where appropriate, were involved in the care planning process for end of life care. Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans. The inspector noted that residents' care plans detailed personal or spiritual wishes of residents. Some information had been outlined by family members where residents had been unable to do this. Residents had access to clergy from different denominations and to pastoral care. Staff cared for residents with end-of-life care needs with the support of community palliative care services and residents' GPs.

Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

The residents' nutritional needs were well met. Residents were seen to be provided with a regular choice of freshly prepared food. All residents spoken to were very complimentary about the food provided. Two residents spoke at length to the inspector describing the choice and quality of the food as exceptional. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements.

Mealtimes in the dining room were observed by the inspector to be a social occasion. There was a choice of three hot options on the menu for lunch. There were two separate sittings for each meal time. Almost all residents attended the dining room for lunch. Approximately six residents chose to have their evening meal in their bedroom at their request.

There was an adequate number of staff available at meal times to ensure that residents had the support they needed. The inspector saw that meals were attractively served. Menus were provided on the table and outside the door to the dining room. The chef entered the dining room and greeted residents by name and served their lunch to the table. Observations evidenced the dining experience was enjoyed by residents. There was an open hatch between the kitchen and dining room to allow catering staff engage with residents.

Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary.

There was evidence of ongoing reviews to ensure that residents are only prescribed medicine required to achieve good health and efforts are continually made to reduce sedative and psychotropic type medicines. The use of psychotropic and night sedative medicine was regularly reviewed. The person in charge and nursing team were well informed about how these medicines impacted on residents and their therapeutic uses.

The inspector reviewed a sample of residents' medicine prescription records and they were clearly labelled. Photographic identification was available for each resident. On the previous inspection it was identified a small number of prescription sheets had some medicine orders transcribed which were not countersigned by a second nurse in each case. Revised arrangements have been implemented with additional checks in place. Two signatures were in place in each of the kardex's reviewed.

There was limited space on the prescription sheets to record all once off medicines separately in the assigned columns. Some were written on the top part of the prescription sheet alongside regular and p.r.n medicine (a medicine only taken as the need arises) which may pose an increased risk of medicine error.

Judgment:
Substantially Compliant

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 were measures in place to protect residents from being harmed or suffering abuse, including safe money management arrangements. There were systems in place to promote a positive approach to behaviours that challenge and the management of restrictive practices were in line with the national policy.

There was a policy in place that gave clear guidance on the process to follow to safeguard residents in the event of an allegation of abuse being made. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff were well informed on adult protection matters. Staff spoken with were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The inspector was satisfied that there were measures in place to safeguard residents and protect them. Residents and relatives who spoke with the inspector said they felt well supported by the staff team

There was a centre specific policy on managing resident's personal property and possessions. The inspector was informed that residents or their representatives as appropriate managed their own money. The provider was not an agent to manage pensions on behalf of any residents.

Training records evidenced and staff confirmed that they had received training in responsive behaviours and dementia care. Residents with dementia had a care plan in place to guide staff when supporting residents. Incidents of responsive behaviours were recorded and the inspector saw that staff helped residents appropriately and sensitively during periods when they were restless or anxious. One resident was assigned a staff member as a companion from the late afternoon each day. The interventions by the staff member as observed to alleviate distress and anxiety included communication measures, facilitating the resident to spend time in areas of the centre where they felt comfortable and engaging in individual low key activity of hand massage and nail care. The support of the community psychiatry service was availed of as appropriate to residents needs.

There was a centre-specific restraint policy and a restraint free environment was promoted. At the time of this inspection there were three residents with bedrails raised. Two as an enabler at the resident request and one in the best interest of the resident's safety as there was a falls risks and other measures had not provided adequate levels of safety. Signed consent in relation to the use of bedrails had been obtained from residents, where possible. Residents' representatives were involved as appropriate, in the assessment procedure and gave feedback regarding the process. The inspector saw that regular checks of all residents were being completed and documented.

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:

The ethos of the service upheld the individual rights, dignity and respect for each resident. The daily routine was organised to suit the residents. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Breakfast was served from 8.00hrs throughout the morning. One resident explained to the inspector she has her breakfast every morning at the same time and the staff know to bring her daily paper with breakfast tray to her room and 'they never forget' she explained.

The inspector spent two periods of time during the morning and one in the afternoon observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The observations took place in the separate sitting areas and in the dining room.

All staff optimised opportunities to engage with residents and provide positive connective interactions. There was a positive and friendly atmosphere between residents' staff and all visitors. Organised activities were provided in the morning and afternoon. Other small group or one to one activities were facilitated by staff which reflected the capacities and interests of each resident. Staff were observed connecting and interacting with residents and particularly residents with dementia, in a positive and supportive manner. A review of the organisation of some morning activities is required. On one occasion while the newspapers were being read and discussed the television was also on and this impacted on the meaningfulness of the activity and residents' ability to partake.

There was a consistent staff presence in communal areas. Interactions were social and meaningful with staff noted to check and discuss particular personal arrangements with residents. Frail residents and those who had significant levels of cognitive impairment were noted to be well supported and were provided with regular opportunities for social interaction and sensory stimulation. The inspector saw that residents were prompted to take part in an exercise group and shown the exercises individually. Support to enhance their participation was suitable and exercises were demonstrated repeatedly.

Residents with dementia were consulted about how the centre was run and the services that were provided. The person in charge and staff spoke to every resident each day and all residents were facilitated to spend the day they wished. Residents were facilitated to go on outings. One resident was supported with a personal assistant and visited the hairdresser and beautician each week. Another resident described her visit to go and see her home.

Residents had access to a hands free phone and some residents had their own mobile phones. One resident showed the inspector her mobile and described how her son phoned each night and if they were any problems staff always helped with the phone. Residents had access to a selection of daily national newspapers and several residents were observed enjoying the paper and doing crosswords. Residents also had access to radio, television, and information on local events.

The inspector observed that some residents choose to spend time in their rooms during the day reading and watching TV, or taking a nap. Residents could meet visitors in private and visitors were welcomed throughout the day. Family members were noted to be well supported by staff and offered tea during their visit with their relative.

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. The complaints procedure was displayed prominently in the centre inside the main entrance.

The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

Residents knew who to make a complaint to and expressed their satisfaction with the service provided to them. Residents stated if they need anything changed they just speak to the person in charge and 'it's never a problem to get anything sorted out'. Arrangements were in place for recording and investigating complaints including communication of outcomes to complainants. The person in charge had a template to record any issues. At the time of this visit no complaints were being investigated.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint did not meet the requirements of the regulations. The complaints procedures referred to an individual who was not part of the governance team of the centre. The details of the Office of the Complaint Ombudsman's office were not included for residents' information if they were dissatisfied with the outcome of their complaint.

Judgment:

Substantially 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:

Adequate resources were in place to meet the needs of residents. There was an appropriate number and skill mix of staff to meet the assessed health and social care needs of residents. The care assistant staff levels for the late afternoon and evening time have been increased since the last inspection. Extra staff were made available at times when residents' needs indicated higher levels of supervision were required. The staff allocation took into account the dependency needs of residents. There was evidence that education and training on dementia care had been provided to ensure that all staff could meet the diverse care needs of residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings between each work shift to ensure good communication and continuity of care from one shift to the next.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff who work with vulnerable people. The inspector reviewed the personnel records for five staff and found that the required Schedule 2 information including vetting disclosures was available. The person in charge gave verbal assurance all staff had required vetting in place.

The staffing roster reflected the staffing numbers and staff on duty on this inspection. There was a registered nurse on duty in the centre at all times. In discussions staff confirmed that they were supported to carry out their work by the person in charge. The person in charge was directly involved in the delivery and supervision of care and services to residents.

The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations. There was a low turnover among staff ensuring continuity in care. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

All staff employed had completed mandatory training in relation to fire safety, safe moving and handling instruction and safeguarding vulnerable adults. Staff were knowledgeable regarding their roles in meeting residents' needs. Staff also had access to a range of professional development and education. Staff had completed training on end-of-life care and infection control. All nurses employed had confirmation of their

registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The centre was in generally good decorative condition and was visibly clean. The dining room was attractively decorated and had homelike features to enhance the dining experience.

Sitting areas were used throughout the day by residents and were comfortably furnished. There is a variety of communal spaces where residents can spend the day. Residents had a choice of two sitting rooms and could choose quieter areas if they wished. There was a conservatory which over looked the garden which was very well maintained. Some residents spoken to commented on the garden and how well it is always kept. They described to the inspector they enjoyed the views from their bedroom windows. There was a rockery flower bed with a small waterfall located beside the conservatory. There was an activity garden where vegetables were grown to include cabbage, onions and carrots. The activity coordinator explained residents took great interest in this and enjoyed walking out to examine the growing vegetables. Televisions were readily visible and there was a supply of films and music for use when residents did not wish to watch television.

The shared bedrooms provided each resident with adequate space and facilities to meet their individual residents' needs and privacy and dignity. Adequate bed-screening was provided in bedrooms accommodating more than one resident. There was suitable personal storage in all bedrooms for residents' belongings.

Equipment and appliances such as hoists, wheelchairs and walking aids were available. There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There were no trip hazards and exit doors to the garden were level and easy to navigate in and out of the building.

There were several areas where residents could sit during the day. All areas were decorated in a home like style and there were fireplaces in sitting rooms that added visual impact and provided a focal point for residents.

Improvements in signage and visual cues to help guide and orientate residents around the building is required. There was limited use of pictorial signs or cues to identify bathrooms, en-suite and orientate residents to their bedroom or communal areas. Further development to support residents in maintaining independence is required in this area. The majority of bedrooms were provided with clocks. However, the clock in the sitting room on the mantelpiece was small and the time was not clearly visible.

This outcome was judged as compliant in the self assessment and the inspector judged that it was substantially compliant as the areas outlined above required attention.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available. Restrictors were fitted to bedroom windows and new gates have been provided at the side entrance to ensure the rear garden is secure. This was an area identified for improvement by the action plan of the previous visit.

There is an annual program of fire safety training in place. There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place.

The procedures to complete and record fire drills have been revised. The fire drill records viewed reflected the scenario or the type of drill undertaken. There were fire drills undertaken to reflect a night time situation when staffing levels are lowest.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans. Four residents required the use of the sling hoist at the time of this inspection.

Judgment:

Compliant

Outcome 11: Information for residents**Theme:**

Governance, Leadership and Management

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

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

Findings:

The policy on provision of information to residents also focused in ensuring information was accessible and available. Copies of the residents' guide and statement of purpose were displayed at the entrance to the sitting room. Staff were seen to be communicating effectively with residents, and clearly knew the most effective way to communicate with individuals including those who were non verbal.

The contracts of care were revised as required by the action plan of the last inspection. Expenses not covered by the overall fee and incurred by residents for example, chiropody and escort to appointments were identified and outlined in the contract of care. The contract specified the type of occupancy of the bedroom in each contract care reviewed.

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:

PJ Wynne
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:	Hillside Nursing Home
Centre ID:	OSV-0000347
Date of inspection:	19/09/2017
Date of response:	17/10/2017

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

There was limited space on the prescription sheets to record all once off medicines separately in the assigned columns. Some were written on the top part of the prescription sheet alongside regular and p.r.n medicine which may pose an increased risk of medicine error.

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 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Three prescription sheets have been rewritten by a Physician. Going forward prescription sheets will be rewritten in advance of becoming over crowded

Proposed Timescale: 17/10/2017

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:

A review of the organisation of some morning activities is required. On one occasion while the newspapers were being read and discussed the television was also on and this impacted on the meaningfulness of the activity and residents' ability to partake.

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:

During newspaper reading/discussion TV volume will be lowered in agreement with residents

Proposed Timescale: 17/10/2017

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The independent appeals process if the complainant was not satisfied with the outcome of their complaint did not meet the requirements of the regulations. The complaints procedures referred to an individual who was not part of the governance team of the centre.

3. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints policy and procedure now include contact number of Ombudsman

Proposed Timescale: 17/10/2017

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:

Improvements in signage and visual cues to help guide and orientate residents around the building is required. There was limited use of pictorial signs or cues to identify bathrooms, en-suite and orientate residents to their bedroom or communal areas. The clock in the sitting room on the mantelpiece was small and the time was not clearly visible.

4. 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:

Clock has been placed in sitting room number 2, there is a plan to introduce pictorial signs on limited number of bathroom and bedroom doors

Proposed Timescale: 31/01/2018