

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Esker Ri Nursing Home
Centre ID:	OSV-0000733
Centre address:	Kilnabinnia, Clara, Offaly.
Telephone number:	057 933 0030
Email address:	info@eskerri.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clara Nursing Home Limited
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	105
Number of vacancies on the date of inspection:	25

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 February 2019 10:15	27 February 2019 17:15
28 February 2019 09:00	28 February 2019 13:15

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	Non Compliant - Moderate
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	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	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 in the centre. The inspection also considered notifications, unsolicited information received and other relevant information since the last inspection in July 2018. The inspector's findings are described throughout this report. The findings on the last inspection in July 2018 demonstrated full compliance with the Regulations and Standards examined.

The inspector found that the management team and staff in the centre were committed to providing a good quality service for residents with dementia. There was a significant focus on ensuring residents had a good quality of life in the centre. The majority of residents with dementia were seen by the inspector to be supported to enjoy an active and meaningful life in the centre. Residents had access to a wide variety of interesting and meaningful activities. All residents who spoke with the inspector expressed their satisfaction and contentment with living in the centre.

The centre's layout and design was optimised to promote the comfort and quality of life of residents with dementia. Access to interesting and safe outdoor areas was provided which could be accessed by residents with dementia as they wished.

Residents' healthcare needs were met to a high standard and their good health and wellbeing was optimized. The inspector examined the journey of a sample of residents with dementia within the service. Admission procedures, nursing assessments, care plans, medicine management, nutrition and medical records among other areas of care were reviewed. The inspector found that although residents with dementia were provided with a good standard of nursing and healthcare, the information in their care plans required improvement to clearly inform the person-centred care they were provided with and preferred.

There were also policies and practices in place regarding the management of behaviours and psychological symptoms of dementia, and use of restrictive procedures as part of some residents' care. A minimal restraint environment was promoted and demonstrated on this inspection.

Measures and procedures were in place to protect and safeguard vulnerable residents from abuse informed by relevant policies and procedures. Staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place and clearly articulated their responsibility to report. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool. The inspector found that all interactions and care practices by staff with residents, as observed were person-centered, therapeutic, respectful and kind. Residents confirmed to the inspector that they felt safe in the centre.

Staff were skilled and available in sufficient numbers to meet the needs of residents. Staff knew residents and their individual needs and preferences well. A training programme facilitated staff to attend mandatory and professional development training.

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 Standards for Residential Care Settings for Older People in Ireland 2016

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:

The healthcare needs of residents with dementia were met to a good standard in the centre. Care planning documentation needed improvement as outlined below:

- More detail required to reflect the person centred care being provided.
- Evidence of consultation with residents about their care plans reviews
- A record of discussions about the resident's wishes about end-of-life care.

Residents' needs were comprehensively assessed and they had timely access to a general practitioner (GP), out-of-hours GP services and specialist medical services such as community psychiatry of older age, adult psychiatry and community palliative care services as necessary. Residents with dementia integrated with other residents in the centre and this arrangement had a positive impact on their confidence, wellbeing and quality of life in the centre.

Slightly less than 40% of residents in the centre had a diagnosis of dementia and some other residents had symptoms of dementia. The journey of a sample of residents with dementia was tracked and specific aspects of care provided to other residents with dementia was reviewed.

The person in charge or their deputy visited prospective residents in hospital, other nursing homes or their own home in the community prior to admission and completed a pre-admission assessment of their needs. This pre-assessment information was retained in each resident's file and detailed pertinent information regarding their needs. Some residents with dementia transitioned from respite care to continuing care in the centre. The provider and person in charge welcomed prospective residents to view the centre facilities and discuss the services provided before making a decision to live in the centre. This arrangement gave residents and their families' information about the centre and also assured them that the service could adequately meet their needs.

Each resident with dementia had a comprehensive assessment completed within 48 hours of admission to the centre to identify their needs. These assessments were reviewed at regular intervals or more often following any deterioration in a resident's

welbeing. Assessments included each resident's risk of falling, malnutrition and skin integrity, among others. Residents' needs regarding their safe mobilization, their level of cognitive function and support were also assessed on admission and regularly thereafter. A care plan was prepared for each resident with dementia which described the care interventions that they required from staff to meet their needs. In addition to the inspector's observations, residents told the inspector that they were cared for in ways that reflected their individual wishes and preferences. For example, female residents were supported by staff to wear their make-up, jewellery and favourite clothes. A male resident liked to have a footbath. However, the care plans in the sample reviewed by the inspector did not consistently reference this person-centred information regarding their individual care preferences.

Improvement was also necessary in the detail provided in the care plans for residents with

- diabetes to include frequency of blood glucose monitoring
- residents at risk of dehydration regarding recommended fluid intake over a 24 hour period and the parameters where intervention was necessary
- although an appropriate tool was used to assess residents' level of pain, a record was not maintained to inform medication reviews and treatment options.

Residents and their families, as appropriate, were consulted regarding their care plan development and reviews thereafter. However the details of these consultations were not recorded. Residents' positive health and wellbeing was optimized with access to a physiotherapy service contracted by the provider to be available to residents in the centre over seven days each week, regular exercise as part of their activation programme, annual influenza vaccination, regular vital signs monitoring, blood profiling and medication reviews.

Communications were optimized between residents, their families, the acute hospital and the centre. A detailed health summary was prepared for each resident to hospital. Hospital discharge documentation was held for residents admitted to the centre from hospital to inform their recommended treatment plans and ongoing care needs.

Staff provided end-of-life care to residents, with the support of the resident's GP and the community palliative care service. Palliative care services were supporting the care of a small number of residents on the days of inspection to support them with symptom, including pain management. Some residents with dementia had advance healthcare directives in place. While residents' families on their behalf were involved in these decisions, there was limited evidence of involvement by residents with dementia.

Where possible, staff sought information from relatives of residents with dementia to inform their end-of-life care plans. However, the end-of-life care plans of residents with dementia required improvement to ensure their individual preferences were described regarding their wishes for their physical, psychological and spiritual care and where they wished to receive this care. Most residents resided in single bedrooms and residents in twin bedrooms were accommodated in a single bedroom during end-of-life care where possible. Residents' relatives were facilitated to stay overnight with them when they became very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents. A multid denominational oratory was available to residents to use for their funeral services if

they wished.

No residents in the centre had pressure related skin injuries requiring notification to the Office of the Chief Inspector since September 2018. Residents' risk of developing pressure related skin injuries was closely monitored and care procedures to prevent pressure ulcers developing were consistently implemented. Prevention procedures included regular risk assessment, frequent repositioning of residents with assessed risk, use of pressure relieving cushions and mattresses and nutritional assessment by a dietician. Wound care arrangements were in place and reflected evidence-based practice. Tissue viability specialist services were available to support staff with developing treatment plans to optimize residents' wound healing as necessary.

The nutrition and hydration needs of residents with dementia were met. A validated assessment tool was used to screen residents with dementia for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. This process also involved calculation of residents' body mass index (BMI) to inform care interventions. Mealtimes were a social occasion in the centre and residents were seated with friends they had made in the centre where possible. Some staff were notable for their efforts in making mealtimes a time of social enjoyment for many residents with dementia. Residents had access to speech and language therapy and dietician services as necessary. Special diets were communicated to the Chef. Meal preparations were provided as recommended for residents with swallowing difficulties, with unintentional weight loss or gain and for residents with medical conditions such as diabetes. Residents' dietary recommendations were also described in their care plan to ensure they were known to staff. The chef was sensitive to the needs of residents with dementia and made efforts to ensure they were provided with appetizing food that met their individual preferences and needs. Food was served by the Chef from a bain marie unit in each of the dining rooms. Residents with dementia were provided with snacks throughout the day and had a choice of hot meals or alternatives to the menu for lunch and tea. Sufficient numbers of staff provided residents with discreet and patient assistance with their meals as necessary.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed for risk of falls on admission and regularly thereafter. There was an overall low incidence of falls in the centre resulting in an injury to residents since January 2018. Some residents had repeat falls and appropriate procedures were put in place to mitigate risk of further falls. Residents at risk of falling had controls in place to prevent injury such as increased staff supervision and support arrangements, hip protection, low-level beds, foam floor mats and sensor alarm equipment. There was emphasis placed on promoting residents' independence and mobility in the centre. The inspector saw that some residents with diminished motor skills due to their dementia were provided with additional support by a physiotherapist contracted by the provider and by staff in the centre supporting residents for short regular walks. This commitment had a positive impact on residents' confidence, wellbeing and health.

There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents with dementia. Practices in relation to

prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and were available to answer any queries individual residents had regarding their medicines. There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily.

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 were measures and procedures in place to ensure prevention, detection and response to any abuse of residents. Staff were facilitated to attend safeguarding training and those who spoke with the inspector were knowledgeable regarding the different kinds of abuse and how evidence of the different kinds of abuse may present. The provider and person in charge ensured that there were no barriers to staff or residents disclosing any concerns. Residents who spoke with the inspector said that they felt safe in the centre and that staff always respected them.

Some residents with dementia were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) from time to time. There were systems in place to support residents with managing episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Behavioural support care plans were developed for residents with responsive behaviours. The inspector saw that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. All episodes of responsive behaviours were recorded to inform care and treatment interventions. However, residents' behaviour support care plans did not consistently detail the triggers to behaviours or the very effective person-centred de-escalation strategies used by staff to guide consistency in care procedures. This finding is actioned under Outcome 1: Health and Social Care Needs.

A restraint-free environment was promoted within the centre. Bedrails were not in use for any residents. A high standard of residents by staff and alternative non-restrictive

equipment such as low low beds and bed alarms was used to support vulnerable residents.

The nursing home did not act as a pension agent for any resident in the centre. Although a lockable unit was available to each resident in their bedroom for securing their personal possessions, some residents placed small amounts of money for their day-to-day expenses in safekeeping by the centre. This money was held securely and all transactions were transparent and signed by the resident where possible. A sample of balances of individual resident's money held in safekeeping was checked by the inspector and found to be correct.

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 rights of residents with dementia were met to a good standard. Their contribution was valued and they were very much an important part of the centre's community. Residents with dementia were encouraged and supported to attend the regular residents' committee meetings. These meetings were minuted and feedback from residents was actioned.

A comprehensive review of activity provision for residents in the centre was completed since the last inspection. The provider recruited an activity manager with overall responsibility for ensuring residents' activity needs were met. The activity manager was supported in her role by the activity coordinators and care staff. Facilitation of residents' activities was an integral part of the role of the care staff in the centre. Outcomes in terms of quality of life and wellbeing for residents, including residents with dementia were seen by the inspector to be significantly improved. The variety and access to meaningful and suitable activities for residents with dementia resulted in an overall contentment and a reduction in the frequency of episodes of responsive behaviours. Some residents told the inspector that there were busy with life in the centre. Two residents took a break from doing a jigsaw puzzle to fold napkins in time for the lunchtime meal in the centre. Yoga was recently introduced to residents in the centre and had become a highlight activity for many of them. Residents with advanced dementia had access to sensory focused activities every day. While residents had regular access to a hairdresser, care staff also involved themselves in styling female residents' hair and helping them with applying their make-up as part of each residents' daily personal care routine. Rummage boxes were placed on tables by seating areas at

various points throughout the centre. Several hand-knitted 'fiddle' muffs' were available and provided rich sensory stimulation for residents with dementia. These muffs were seen by the inspector to be used by residents.

The wide variety of activities available to residents was described in an activity schedule displayed at various points throughout the centre. Many of the activities ran concurrently in the several communal rooms in the centre. Staff also used the public address system to remind residents of the various activities available before they started. This gave residents choice as to what activity they were most interested in and wished to attend. Live music was a favourite activity and was provided at a minimum on a weekly basis. Residents were looking forward to a Sean Nós singer scheduled to sing for them on the second day of the inspection. The activity needs of each resident with dementia were assessed on admission and regularly thereafter. Their individual past interests were fostered in the activities made available to them. The activities that best suited individual residents with dementia were described in their assessment documentation but this person-centred information was not clearly described in residents' activity care plans. Each resident's participation in the various activities was recorded. While the level of engagement in the various activities that residents with dementia participated in was closely monitored, this information was not consistently recorded. This information was therefore not available to inform procedures undertaken by the activity manager to evaluate and provide assurances that each resident was provided with activities that optimised their interests and capabilities.

The rights of residents with dementia to practice their religious beliefs were respected. Residents could choose to attend a weekly Mass and join in daily in the daily masses from a local church that were transmitted to the centre via a WebCam facility. One resident was a Eucharistic minister and assisted the priest. Regular church of Ireland services were also available and clergy from the various faiths were available to residents as they wished. Residents with dementia were supported to vote in elections and referendums.

The privacy and dignity needs of residents with dementia were respected and met to a high standard. The majority of residents with dementia resided in single bedrooms with full en-suite facilities. Doors to residents' bedrooms, en suites and toilets and bathrooms elsewhere in the centre were fitted with privacy locks. Privacy screening was provided between beds in twin bedrooms. Doors and privacy screens were closed by staff when assisting residents with their personal care. Staff knocked on residents' bedroom doors and asked for permission to enter their bedrooms. Residents in twin bedrooms had individual televisions and listening equipment was made available to them to promote their choice of programme viewing.

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:
A policy and procedure was in place to inform management of complaints in the centre. A summary of the complaints' procedure was displayed to assist residents with to understand the process. The complaints procedure was also described in the residents' guide document made available to each resident.

Residents told the inspector that they were aware they could make a complaint regarding any dissatisfaction with the service. One resident said that she was very happy with the service she received and never had anything to make a complaint about. Both positive and negative feedback was welcomed and valued by the provider and person in charge.

The complaints' policy included details of the person nominated to deal with complaints and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the independent appeals process. Advocacy services were available to assist residents with dementia where necessary.

A record of any areas of dissatisfaction raised by residents and their families was maintained. All issues were investigated and closed out. The actions taken to resolve these areas of dissatisfaction were recorded and communicated to complainants. Their level of satisfaction with the outcome was recorded to inform the appeals process. Areas for learning and improvement were identified and implemented. All complaints were reviewed at the centre's monthly governance and management meetings attended by provider representative and person in charge.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

There was sufficient staff with appropriate skills to meet the assessed needs of residents in the centre, particularly those with dementia. Staff were observed interacting with residents in a kind, patient and meaningful manner throughout the inspection. Residents were attended to without delay and staff took time to chat to residents.

A planned and actual staff rota was in place, with changes clearly indicated. The roster reviewed by inspectors reflected the staff on-duty on the day of inspection.

An induction process, including training, was in place for newly-recruited staff. Annual appraisals were carried out with staff by the person in charge. Staff were well-supervised and staff who spoke with the inspector said they enjoyed working in the centre and were well supported by senior staff. Staff training records indicated that mandatory training requirements were facilitated and that staff were also facilitated to attend training to support their professional development.

A sample of staff files were reviewed by the inspector and these were found to contain all of the information required by Schedule 2 of the regulations, including evidence of completed An Garda Síochána Vetting. The provider representative confirmed that all staff working in the centre had completed vetting disclosures available in their employment files. All staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

No volunteers were operating in the centre at the time of the inspection.

Judgment:

Compliant

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

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The layout and design of the centre met the individual and collective needs of residents with dement and provided them with a therapeutic and comfortable environment. The centre provides accommodation for 130 residents in 112 single and 18 twin bedrooms. All bedrooms have full en suite facilities. Accommodation for residents was primarily provided at ground floor level. The first floor was accessible by a stairs or a mechanical lift and provided bedrooms, a sitting room, quiet room and a dining room accommodation for 25 residents. Residents were encouraged and assisted to personalize their bedrooms. Some residents also brought items of furniture from their homes and

enjoyed their continued use of their furniture in the centre.

The various sitting and dining areas were spacious, brightly coloured. The centre's environment was fitted with furnishings such as older style kitchen dressers and units for displaying glassware in addition to an abundance of other traditional memorabilia that was familiar to residents with dementia. Old style lamps were used for soft lighting. Bookcases and display cabinets were located in the various communal areas. The walls on corridors were used to display completed jig-saw puzzles, art and craft work and feature displays. Residents were able to use feature walls to help them orientate themselves and access their environment. The inspector saw residents taking time to view and staff stopping with residents to point out items of interest. The displays initiated conversations with and by residents about a memory shared. A completed jig-saw puzzle displayed on a wall in the corridor outside one resident's bedroom was a photograph of her and two of the friends she had gained in the centre. This display helped her to find her bedroom with ease.

Measures were in place to promote residents' independence and way finding. The various corridors were named after local areas. Residents were seen to be mobilizing around the centre throughout the day either independently or with the support and supervision of staff. Floors were non slip, bright and non-patterned floor covering throughout the centre promoted safe mobility for residents with dementia. Large windows throughout promoted good use of natural light in communal areas and corridors. Corridors were wide to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Handrails were fitted on both sides of corridors and in toilets and showers. Doorframes and handrails were painted in a contrasting colour to surrounding walls providing clear definition for residents with dementia.

Good quality clear signage was used to help residents identify key areas such as toilets and bathrooms. Residents had access at will to a variety of attractive, secure and interesting outdoor garden and courtyard areas. Appropriate outdoor seating and tables with canopy sheltering was also provided. The outdoor areas had numerous flowerbeds, shrubs and brightly painted garden ornaments. Residents with dementia took full advantage of any sunny weather to access the outdoor areas provided.

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:

Catherine Rose Connolly Gargan
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:	Esker Ri Nursing Home
Centre ID:	OSV-0000733
Date of inspection:	27/02/2019
Date of response:	26/03/2019

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:

Residents' care plans in the sample reviewed by the inspector did not consistently and clearly reference person-centred information regarding their individual care preferences.

Improvement was also necessary in the detail provided in the care plans for residents with

- diabetes to include frequency of blood glucose monitoring

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

- residents at risk of dehydration regarding recommended fluid intake over a 24 hour period and the parameters where intervention was necessary.
- although an appropriate tool was used to assess residents' level of pain, a record was not maintained to inform medication reviews and treatment options.

The activities that best suited individual residents with dementia were described in their assessment documentation but this person-centred information was not clearly described in residents' activity care plans.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans have been reviewed & updated to consistently reflect person-centred care preferences & activities of each resident. Also Residents' care plans re: clinical issues, have been reviewed & updated to include e.g. frequency of blood sugars, parameters where intervention is required. Residents' levels of pain continues to be assessed & a record is now been maintained to assist reviews.

Proposed Timescale: 30/04/2019

Theme:

Safe care and support

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

Residents and their families, as appropriate, were consulted regarding their care plan development and reviews thereafter. However the details of these consultations were not recorded.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All Residents' & their families have been involved in the care plan process & reviews, this has been reviewed & updated to reflect in the individual care plans.

Proposed Timescale: 30/04/2019

Theme:

Safe care and support

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

The end-of-life care plans of residents with dementia required improvement to ensure their individual preferences were described regarding their wishes for their physical, psychological and spiritual care and where they wished to receive this care.

3. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Residents' individual care plans for end of life care have been reviewed & updated to reflect the end of life wishes & preferences of each resident.

Proposed Timescale: 30/04/2019

Theme:

Safe care and support

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

Some residents with dementia had advance healthcare directives in place. While residents' families on their behalf were involved in these decisions, there was limited evidence of involvement by residents with dementia.

4. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

All residents' care plans are being reviewed & updated with the resident & family present, this will be reflected in the individual care plans.

Proposed Timescale: 30/04/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

While the level of engagement in the various activities that residents with dementia participated in was closely monitored, this information was not consistently recorded.

5. 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:

Software has been updated to aid staff to consistently input individual residents' participation in the social programme, the residents' choice & normal level of participation is also reflected in the individual care plans.

Proposed Timescale: 30/04/2019