

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Croft Nursing Home
Centre ID:	OSV-0000028
Centre address:	2 Goldenbridge Walk, Inchicore, Dublin 8.
Telephone number:	01 454 2374
Email address:	croft@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Croft Nursing Home Limited
Lead inspector:	Ann Wallace
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	35
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 Monitoring Compliance This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 May 2018 08:00 To: 23 May 2018 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self- assessment tool on dementia care and had implemented an action plan to improve compliance. This inspection found that the action plan had improved compliance in a number of areas however some improvements were still required in the outcomes relating to health and social care, premises, staffing and resident's rights, dignity and consultation. Following the last inspection the provider had completed the actions required in relation to premises, fire safety and resident's rights. However one action in relation to the maintenance of Schedule 2 documents in staff files was found to be outstanding.

The inspector found that there were sufficient numbers of staff with the appropriate

knowledge and skills to provide safe and effective care and services for the residents. Care and services were found to be in line with the centre's statement of purpose. There was a well-established staff team many of whom had been working in the centre for more than ten years. Staff knew the residents well and care was found to be person centred. The inspector spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Those residents who were able to articulate their experiences expressed high levels of satisfaction with the care and services they received in the centre.

Residents had good access to a range of health and social care services to meet their ongoing needs. This included general practitioners (GP), physiotherapy, dietician, speech and language therapy, chiropody, optician and dental services. Specialist services such as palliative care and community mental health were available when required.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was found to be homely and was nicely decorated and well maintained. The provider had completed the actions required in relation to call bells in bedrooms. This inspection found that improvements were required in the temperature in the conservatory area and in safe access and use of one part of the garden.

There was a clear management structure in place and staff were supervised and supported in their work; however the inspector found that this supervision could be improved in relation to the monitoring of fluid intake and the records of change of position for those resident's assessed as being at risk in these key areas.

The centre's quality management system monitored care and services and where improvements were identified these were implemented. The centre had completed an annual survey of care and services in 2017 which included the views of residents and their families. The report was available in the centre.

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 inspector found that overall residents' health and wellbeing were maintained by a good standard of evidence based nursing care and appropriate medical and specialist services. However improvements were required to ensure that assessments and care plans included all of the information relevant to individual residents. Improvements were also needed in the nursing supervision of care staff to ensure that care was delivered as prescribed in the resident's care plan.

Residents and their families reported a high level of satisfaction with the care they received in the centre.

The inspector reviewed a sample of resident's records and care plans. Records showed that each resident had a pre-admission assessment prior to their admission to ensure that the centre could meet their needs. Following admission a further assessment was completed by nursing staff. The assessment included information about the residents current needs and their self care abilities as well as their preferences for care and daily routines. Following the assessment a care plan was devised with the resident and/or their family.

Overall care plans were well written and reflected the residents' current needs. However one care plan did not reflect that the resident needed a specialist pressure relief mattress as their condition had deteriorated. Although staff had been made aware of the changes at handover report the inspector found that the specialist equipment was not in place as directed. Also there were inconsistencies in how information relating to the resident's personal history, life at home and their preferences for daily routines and meaningful activities was recorded. As a result some care plans relating to social care did not reflect the resident's self care abilities, preferences for social interaction and ability to take part in meaningful activities.

Care plans were reviewed every four months or more often if the resident's needs changed. There was clear evidence that residents and/or their families were involved in care plan reviews if they wished to participate. Residents and families who spoke with the inspector said that they were kept well informed about any changes in their care or wellbeing and were involved in the decisions about the care and services that were

provided for them.

Residents had good access to a range of health and social care services to meet their needs. These included physiotherapy, dietitian, speech and language therapy, chiropody, community mental health services and palliative care services when required. Dental and optical services were accessed for residents in order to maintain their optimum health and independence.

Residents were seen regularly by their general practitioner (GP). The GP reviewed each resident's medication every three months or if their health changed. Out of hours medical services were organized for after 6 pm and at weekends. Specialist medical services were available including access to a consultant in older person's medicine and consultant psychiatry.

Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

There were policies and procedures in place to support residents who had specific dietary and nutritional needs. Residents' weights were checked monthly or more often if significant weight loss was detected. Residents were offered nutritious snacks and a range of hot and cold drinks throughout the day. Staff monitored resident's intake of fluid and diet however the inspector found that records were not kept up to date and improvements were required in the systems in place to ensure residents' nutrition and hydration needs were being met.

The catering team prepared a choice of two options at each meal time. Alternatives were also available for residents who wanted something different to the menu choices. Residents chose their meals on the day and were offered a choice at each sitting. Some residents said that they would prefer more variety in the menus; for example roast chicken was included as an option on most days. Textured meals were served as separate items on the plate and portion sizes varied to meet the resident's needs and preferences. Residents could take their meals in the dining room or in their bedroom if they preferred. Staff were available to offer encouragement and support for residents who needed assistance with their meals.

There were up-to-date policies and procedures in place to guide staff who were providing end of life care for residents; however clarity was needed about when specialist end of life care plan documentation should be commenced for residents. The centre had appropriate plans and facilities in place to ensure that residents with dementia could receive end of life care in a way that met their individual needs and wishes and respected their autonomy and dignity. A single room could be made available if this was requested by the resident or their family. There were arrangements in place for residents to access specialist palliative care services when appropriate.

There were comprehensive policies and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Nurses attended annual medication training and had their medication practices reviewed each year by the person in charge. The inspector observed part of the morning medication round. The nurse knew the residents well and was familiar with the residents' individual medication requirements. Details of all medicines administered were correctly recorded in the resident's records.

Nursing staff followed safe and appropriate medication practices.

Prescribed medicines were regularly reviewed by the resident's general practitioner (GP). Medication audits were conducted in the centre and a process for recording medication errors was in place. The inspector noted that there had been a number of dispensing errors recorded since November 2017. These had been detected by nursing staff when the medication orders were being checked into the centre. The provider had recently addressed the issue with the dispensing pharmacy and had requested an improvement plan to reduce the errors.

There were clear policies and procedures in place to support the safe transfer of residents who needed assessment or treatment in another care service such as hospital or an out patient review. Nursing staff reported that they sent a transfer information sheet with the resident which included details about their current health and social care needs, levels of cognitive impairment and; where it was relevant, details 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). However the inspector found that a record of this transfer information was not available in resident's records.

Discharge information for those residents who had spent time in acute hospital and results of blood tests and other health screening details and information following clinic appointments were available in the resident's records and were well maintained and easily accessible.

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 procedures in place for the prevention, detection and response to abuse. Residents told the inspector that they felt safe and knew who they could speak too if they had any concerns or complaints. The inspector observed that those residents who were unable to verbalise their thoughts did not exhibit behaviours associated with fear or distress.

Records showed that all staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspector confirmed that they had received recent training on recognising abuse and

were clear about their responsibility to keep residents safe. Residents and their families told the inspector

Staff knew residents well and were knowledgeable about the most appropriate interactions that were needed to engage effectively with residents. As a result care was found to be person centred and promoted the individual resident's rights, dignity and choice

The inspector found that residents with a diagnosis of dementia or other cognitive impairment were provided with support that promoted a positive approach to living with and managing their condition. The centre was working towards a restraint free environment and had reduced the number of restraints since the previous inspection. Residents were actively encouraged to mobilise within the centre and its garden either independently or with the support of staff. One resident who was at risk of leaving the centre had an appropriate care plan in place which provided him with meaningful activities each day and regular supervised trips out of the centre to visit the local shops and other amenities. The inspector observed that all staff were familiar with his care plan and that they worked well as a team to support him in his daily routine.

There were clear policies and procedures in place for working with residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had attended training on dementia care and managing responsive behaviours. Resident's who displayed responsive behaviours had a care plan in place to guide staff with information about the potential triggers for behaviours and the appropriate interventions to support and reassure the resident.

The centre had a clear incident reporting procedure and records showed that incidents and adverse events were investigated and any learning or improvements were communicated to the relevant staff.

The centre had clear procedures in place to ensure that resident's finances were safeguarded.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

There was evidence that residents were consulted with and that they were encouraged to be as independent as possible and to exercise choice in their daily lives. The actions required from the previous inspection relating to the privacy and dignity of three residents accommodated in a shared room had been satisfactorily addressed.

The inspector observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms. Doors were closed and privacy curtains were used around each bed. Staff were observed to knock before entering a resident's bedroom. Staff ensured that residents were given choices about what to wear each day and residents were nicely dressed and well presented.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's ongoing life in the centre. Visitors were in the centre on the day of the inspection meeting with residents in the main lounge or in the conservatory.

The inspector found that staff were aware of each resident's preferred daily routines and as a result they were able to anticipate the residents' needs. Residents who spoke with the inspector said that they were able to make choices about how they spent their day, when and where they ate their meals and about what time to get up and go to bed. Overall staff demonstrated good communication skills and were observed using non verbal techniques such as eye contact, body positioning and careful listening to support residents with cognitive impairments to communicate their needs and choices.

The centre provided a weekly programme of activities which included 1:1 and group sessions from 10.00 hours to 15.00 hours each day. The programme also included regular musical entertainments. The activities provided opportunities for physical and mental stimulation such as exercise classes, quiz games, arts and crafts and gardening. For residents with higher levels of cognitive impairment the programme included reminiscence sessions, sensory stimulation through hand massage and touch therapy, aromatherapy and dementia specific musical activities. Trips out of the centre were organized to the theatre and to local places of interest. Weekend activities were held in the centre and were managed by the care staff on duty. Residents were encouraged to participate in the activities and entertainments that were on offer but where a resident declined this was respected by staff.

Seasonal events such as Easter and Christmas and a summer garden party were celebrated throughout the year. Staff worked hard to make these occasions special for the residents. Photographs of these events decorated the walls of the centre and provided a pleasant focus and talking point for residents and staff.

The activities coordinator assessed each resident for their ability and preferences for participation in the activities programme. Records showed that individual resident's attendance at and participation in activities and entertainments were recorded. During the inspection the inspector observed an arts and crafts activity with four residents with high levels of cognitive impairment. Residents were supported to participate in line with their abilities and were seen to enjoy the session. One resident took great pride in showing the inspector the memory box that she had decorated. The

inspector noted that the session could have been improved for the residents involved if a second member of staff had been available to work alongside the activities coordinator to support each person to participate in the task. This was discussed with the person in charge who told the inspector that a member of staff had been allocated to support the activities coordinator with the session but that they had left to take their morning break and had not been replaced. As a result the residents taking part in the session were left without the 1:1 support they needed to maintain their interest and focus.

Residents had access to the enclosed garden at the rear of the property. On the day of the inspection residents were observed sitting out and enjoying the warm weather and the recent geranium planting. The lawned area was uneven in places and there was no path from the conservatory door to the courtyard area of the garden. The inspector noted that this part of the garden could be better landscaped and developed to provide an accessible, safe and usable outside space for residents. This is discussed further under outcome 6 in the report.

Resident meetings were held three monthly and minutes of the meetings recorded individual resident's input and feedback on any issues or suggestions raised by the residents in attendance at the meeting. Information about advocacy services was available in the centre.

Residents had access to a private telephone and to internet services which had recently been installed by the provider. Radios, televisions and newspapers were provided for the residents. Staff were observed discussing television events and local news with the residents and their families. Notice boards around the centre provided a range of relevant information such as the minutes of the recent resident meeting. The inspector observed that residents with dementia who could not easily access information from medias such as TV, radio and newspapers might benefit from pictorial or large print information in relation to the date, weather and local and national events.

Some residents had made arrangements to vote in the upcoming referendum however the centre had not organized a voting system in the centre so that all residents had the opportunity to vote if they wished to do so.

Judgment:

Non Compliant - Moderate

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 clear complaints process in place to ensure the complaints of residents and their families, including those residents with dementia, were listened to and acted upon. The process included an appeals procedure. Residents and their families were informed about the complaints procedure on admission. The procedure was displayed in a prominent position in the entrance to the centre. The centre had recently introduced a computerized complaints recording system to facilitate the management of complaints within the Silverstream group.

The complaints policy met the regulatory requirements. Residents and families who spoke with the inspector said that they knew who to speak to if they had any concerns or complaints. Records showed that complaints were recorded and managed in line with the centre's policy and procedure. Issues and concerns were dealt with promptly and records included the outcome of the complaint and the satisfaction of the complainant.

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 were sufficient staff with the appropriate knowledge and skill to provide safe and effective care and services for the residents. There were sufficient support staff available including household, catering, administration and maintenance staff. Staff rosters matched the staff that were on duty on the day of the inspection.

Staff were organized in their work and worked well together as a team. Staff knew the residents and were able to anticipate their needs and preferences. As a result residents did not have to wait for staff to respond when they needed care and support. The centre did not use agency staff and their own staff covered staff absences and fluctuations in resident dependencies with flexible working arrangements. This helped to ensure continuity of care for residents from staff who knew them well.

Staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. However the centre had not completed a night time scenario fire drill since the last inspection. This was addressed by the person in charge and a fire drill simulating night time staffing levels was scheduled for the following day. Staff who spoke with the inspector said that they were provided with opportunities to attend mandatory training updates in fire safety, moving and handling and the protection of adults from abuse. Staff had access to further training in end of life care, responsive behaviours and dementia.

Staff were supported and supervised in their work by the person in charge and the assistant director of nursing. However this inspection found that nursing supervision needed to improve in relation to the monitoring of fluid intake and the records of change of position for those resident's assessed as being at risk in these key areas.

The inspector found that staff were empathetic and respectful to residents. Staff were knowledgeable about individual residents life histories and interests and about their current needs and preferences for care and services. Residents appeared comfortable with staff and expressed high levels of satisfaction with the care and services that were provided to them.

The person in charge informed the inspector that all staff working in the centre had Garda vetting in place.

There were written policies and procedures relating to the recruitment, selection and vetting of staff. However the inspector reviewed a sample of staff files and found that not all documents required under Schedule 2 of the regulations were available in two personnel files.

Judgment:

Non Compliant - Moderate

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:

Overall the location, design and layout of the centre is suitable for its stated purpose and meets the needs of the residents in a comfortable and homely way. The actions relating to call bells in residents rooms and the layout of the multi-occupancy room had been addressed since the last inspection.

The centre is situated in a large domestic style bungalow with enclosed gardens which as been extended to provide the current accommodation. There is a secure car park with disabled access to the front of the building. Entrance to the centre is gained through a security gate which is operated from the centre's reception desk.

Bedroom accommodation provides 10 single rooms, five of which are en-suite with toilet and shower facilities, 12 twin rooms and one multi-occupancy room with three beds. The en-suite bathrooms are not wheelchair accessible and are occupied by residents who did not require wheelchair or hoist facilities. The centre has three further

wheelchair accessible shower rooms for residents who require wheelchair or hoist equipment. Grab rails, raised toilet seats and shower chairs were available in these areas. Toilet and shower facilities were marked with pictorial signage to support residents with cognitive impairment to locate the facilities when they needed to do so.

Residents and their families are encouraged to personalize their bedrooms with artifacts and photographs from home. As a result a number of bedrooms look quite different and residents are able to arrange their personal space to suit their tastes and preferences and to support their comfort and wellbeing. There is adequate storage space for residents' belongings. Residents can lock their rooms if they wished to do so. Good use is made of colour and pictorial signage or photographs on bedroom doors to help residents to navigate the centre and to find their own bedroom.

Shared rooms have privacy curtains in place. The privacy curtains in one bedroom were not closing fully at the time of the inspection. This was resolved by the maintenance staff before the end of the inspection. Care staff were observed to use the curtains and to close bedroom doors when providing care for residents. Call bells are available and are located within reach of residents' beds.

There are a number of communal areas available for residents. Residents and their visitors congregated in the main lounge and in the courtyard garden on the day of the inspection. A quiet area is available in the conservatory at the rear of the building. However the temperature in this area fluctuated during the day from cool in the morning to uncomfortably warm in the afternoon. This issue was verified by comments recorded from residents and staff in the resident and staff meeting minutes. Supplementary heating had been provided in response to the issues raised but had not provided a suitable long term improvement for residents.

The inspector noted that the layout of the centre supported residents with physical and/or cognitive impairments to mobilise safely and freely around the building either independently or with the support of staff. Floor coverings are non slip and are consistent in colour. Handrails are provided along corridors.

Residents could access the enclosed garden at the rear of the property from the dining room or from the conservatory. On the day of the inspection residents were observed sitting out and enjoying the warm weather and the recent geranium planting. There were tables and chairs and sun protection shades available to ensure that the residents could enjoy the warm weather safely. A large part of the garden was laid to lawn and was not well used by residents. The lawned area was uneven in places and there was no path from the conservatory door to the courtyard area of the garden. The inspector noted that this part of the garden could be better landscaped and developed to provide an accessible, safe and usable outside space for residents.

There were a number of residents living in the centre who smoked. There was a large smoking room to the front of the building and an outside smoking area. Smoking areas were suitably equipped to control the risk of fire.

The building was clean and comfortable and kept in a good state of repair. Residents have access to a range of equipment to meet their ongoing needs. Equipment such as

hoists, pressure relief mattresses and profiling beds were regularly maintained in line with manufacturers guidelines.

Judgment:

Substantially 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:

Ann Wallace
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:	The Croft Nursing Home
Centre ID:	OSV-0000028
Date of inspection:	23/05/2018
Date of response:	02/07/2018

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

One care plan did not reflect that the resident needed a specialist pressure relief mattress as their condition had deteriorated. Although staff had been made aware of the changes at handover report the inspector found that the specialist equipment was not in place as directed.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

The care plan was updated on the day of inspection to reflect the residents care needs as identified at handover that morning. It was determined that the residents required a pressure relieving mattress at handover at 8am. It takes approximately 4 hrs to inflate and check that the mattress is in working order before being placed on a bed. We will ensure that the home always has a spare mattress for use by residents once the need for one has been identified by staff.

Proposed Timescale: 23/05/2018

Theme:

Safe care and support

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

There were inconsistencies in how information relating to the resident's personal history, life at home and their preferences for daily routines and meaningful activities was recorded. As a result some care plans relating to social care did not reflect the resident's self care abilities, preferences for social interaction and ability to take part in meaningful activities.

2. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

The PIC and ADON with the activity coordinator will complete a review audit of all residents care plans to identify gaps as found on the day of inspection. The care plans will then be updated to ensure that they accurately reflect the residents preferences, abilities and social care needs. The Activity Coordinator will work with residents to complete their life story books which will be used to complement the residents care plans.

Proposed Timescale: 19/09/2018

Theme:

Safe care and support

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

Fluid balance records were not kept up to date and improvements were required in the systems in place to ensure residents' nutrition and hydration needs were being met

3. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The nursing staff will reinforce the policies with staff in regard to the monitoring and recording of the fluid intake of residents as identified as requiring a fluid intake/output record. The nurses at handover at 8am, 13.45 and 20.00hrs will review the fluid balance records with care staff and identify and update any gaps found. The nurse will counter sign the fluid records at this time. The SOP on monitoring nutrition intake, SOP 24, will be updated to include how to identify residents that require additional support and encouragement to increase their fluid intake. The PIC will ensure all staff are aware of the new SOP.

Proposed Timescale: 02/07/2018

Theme:

Safe care and support

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

A copy of the transfer information that was sent with residents from the centre was not available in records reviewed by the inspector.

4. Action Required:

Under Regulation 25(1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre for treatment at another designated centre, hospital or elsewhere, to the receiving designated centre, hospital or place.

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

Copies of all transfer to hospital documentation is available in the residents care plan

Proposed Timescale: 23/05/2018

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:

A member of staff had been allocated to support the activities coordinator with the session but that they had left to take their morning break and had not been replaced. As a result the residents taking part in the session were left without the 1:1 support

they needed to maintain their interest and focus.

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:

The staff members identified in the allocation sheet to assist with activities will take their break prior or after the activity has taken place. This will be reflected and recorded on the care allocation records.

Proposed Timescale: 24/05/2018

Theme:

Person-centred care and support

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

Residents with dementia who could not easily access information from medias such as TV, radio and newspapers might benefit from pictorial or large print information in relation to the date, weather and local and national events.

6. Action Required:

Under Regulation 09(3)(c)(i) you are required to: Ensure that each resident has access to information about current affairs and local matters.

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

We have introduced an information communications board that will ensure that residents with dementia can easily access information from the media re current affairs, day to day activities in the home. This information is in both pictorial and large print format.

Proposed Timescale: 19/06/2018

Theme:

Person-centred care and support

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

The centre had not organized a voting system in the centre so that all residents had the opportunity to vote in the upcoming referendum if they wished to do so.

7. Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

Arrangements have been made to ensure that all residents wishing to be on the register of voters are on it. This will be managed by the home Administrator and PIC.

Proposed Timescale: 19/06/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

This inspection found that nursing supervision needed to improve in relation to the monitoring of fluid intake and the records of change of position for those resident's assessed as being at risk in these key areas.

8. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

To improve nursing supervision in relation to the monitoring of fluid intake and the records of change of position for those resident's assessed as being at risk in these key areas, the nursing staff are meeting with care staff at 3 handovers per shift. Records that are completed by the HCA staff will be reviewed and counter signed by the staff nurses on duty. Any gaps identified are being reviewed and an explanation recorded as to the reason why there was a gap. The staff nurses are being supported by the PIC and ADON

Proposed Timescale: 19/06/2018

Theme:

Workforce

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

The inspector reviewed a sample of staff files and found that not all documents required under Schedule 2 of the regulations were available in two personnel files.

9. Action Required:

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:

The HR files will continue to be audited and reviewed to ensure that they meet the requirements as set out in Schedule 2 of the regulations. This process will be overseen

by the group HR Manager.

Proposed Timescale: 02/07/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

A large part of the garden was laid to lawn and was not well used by residents. The lawned area was uneven in places and there was no path from the conservatory door to the courtyard area of the garden. The inspector noted that this part of the garden could be better landscaped and developed to provide an accessible, safe and usable outside space for residents.

10. 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:

There is a path available at the side of the building leading from the conservatory to the enclosed courtyard area. This area will be re configured and landscaped on the completion of the extension.

Proposed Timescale: 31/12/2020

Theme:

Effective care and support

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

The temperature in the conservatory fluctuated during the day from cool in the morning to uncomfortably warm in the afternoon. This issue was verified by comments recorded from residents and staff in the resident and staff meeting minutes. Supplementary heating had been provided in response to the issues raised but had not provided a suitable long term improvement for residents.

11. 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:

We have installed 2 additional heater to the conservatory and a Fan is also available for

use. The conservatory will be temperature reviewed on a regular basis by the homes maintenance officer and overseen by the Group Facilities Manager. The plan is to replace this conservatory during the building process.

Proposed Timescale: 31/12/2020