

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castle Gardens Nursing Home
Centre ID:	OSV-0000696
Centre address:	Drumgoold, Enniscorthy, Wexford.
Telephone number:	053 923 5566
Email address:	manager@castlegardens.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Breezeglen Limited
Provider Nominee:	Pat Shanahan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

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:
26 June 2017 10:00	26 June 2017 18:00
27 June 2017 09:00	27 June 2017 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 11: Information for residents		Compliant
Outcome 12: Notification of Incidents		Compliant

Summary of findings from this inspection

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 person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and

the National Standards for Residential Care Settings for Older People in Ireland. The inspector reviewed the self-assessment questionnaire and documentation which were submitted by the provider prior to inspection and noted that the relevant policies were in place. The previous table outlines the centre's and inspector's rating for each outcome. The inspector also followed up on the actions required from the previous inspection. The inspector met with residents and staff members during the inspection.

The journey of a number of residents with dementia within the service was tracked and care practices and interactions between staff and residents were observed using an approved observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

Castle Gardens Nursing Home is purpose built and provides residential care for 64 people. Approximately 50% of residents have dementia. The overall atmosphere was homely and comfortable. There is no dementia specific unit.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken. Improvement was required to ensure that the care plans contained sufficient detail to meet residents' assessed needs. This had also been identified as an area for improvement at the last inspection. Actions required from the previous inspection relating to medication management had been completed but further action was identified.

Safe and appropriate levels of supervision were in place to maintain residents' safety. At the time of inspection there were appropriate staff numbers and skill-mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. However some gaps were evident in the staff files reviewed.

Staff were offered a range of training opportunities, including a range of specific dementia training courses. There were policies and procedures in place around safeguarding residents from abuse. Some improvement was required regarding restraint documentation and the recording of safety checks when restraint was in use.

Improvement was also required to ensure that residents' dignity was promoted at all times. Further action is required to ensure that the premises is appropriate to the number and needs of the residents including residents with dementia.

These are discussed further in the body of the report and the action required is included in the action plan at the end.

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):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by an acceptable standard of nursing care and appropriate medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plans. There was limited evidence of resident or relative involvement in care plan reviews. Some improvement was also required to one aspect of medication management practices. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia.

At the last inspection it was noted that a comprehensive assessment of each resident's needs was not available. The inspector saw that this had been addressed. Both pre-admission assessments and comprehensive assessments were in place.

At the last inspection it was also noted that wound assessment records were incomplete. While some improvement was noted during this inspection the inspector saw that some gaps were still evident. For example the care plan did not sufficiently outline the frequency of assessments or dressing changes or type of dressings to be used. In addition it was unclear how often photographs were to be taken.

The inspector noted that although care plans were reviewed four monthly there was no evidence of resident or relative consultation for this. In addition the inspector noted that the care plans were not consistently updated to reflect the recommendations of other health professionals. For example following review by a speech and language therapist, although the care plan was updated to reflect the type of diet recommended, specific instructions for assisting the resident were not included.

Several improvements were required from the previous inspection in relation to medication management in particular the safe storage and custody of medication. The inspector saw that these had been addressed.

The inspector reviewed a sample of administration and prescription records and noted

that some improvement was required around one aspect of medication management practices. Nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription.

Otherwise the inspector saw evidence of safe medication management practices. Residents had access to the pharmacy services and the pharmacist was available to meet with residents if required. The pharmacist undertook audits of medication practices and provided advice, support and training to staff. Records showed that staff received training on medicines management.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis or more regularly when indicated. When required nutritional and fluid intake records were appropriately maintained.

Staff provided end-of-life care to residents with the support of their general practitioner (GP) and the community palliative care team who were available for advice and support. The inspector reviewed a sample of end-of-life care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferred priorities of care.

Residents were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services were available on referral including speech and language therapy (SALT), dietitian and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

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:

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Improvement was required around the use of restraint including safety checks when restraint was in use and outlining the care requirements in the care plan.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. There was documented evidence that various alternatives that had been tried prior to the use of bedrails. However there was no documented evidence that safety checks were consistently completed in line with national guidelines. The inspector also noted that sufficient detail was not included in the care plans to provide guidance for staff.

Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. Ongoing monitoring of the use of bedrails was in place.

Action required from the previous inspection relating to the use of bedrails and administering particular medication had been addressed.

Staff had received training on identifying and responding to elder abuse. There was a policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

There were policies in place about managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Policies were seen to give clear instruction to guide staff practice. The inspector saw that, when required, assessments had been completed and possible triggers and appropriate interventions were recorded in residents' care plans. Assessments were completed following each incident and these were analysed to identify any possible trends or patterns. Staff spoken with were very clear on the procedures to follow should an incident occur. The inspector saw evidence of regular support from the psychiatric services.

The inspector reviewed the management of residents' finances and possessions and was satisfied that these were managed in a safe and transparent way.

Judgment:

Non Compliant - Moderate

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:

The inspector was satisfied that residents were consulted on the organisation of the centre, however improvement was required to ensure that residents' dignity was maintained at all times. Some improvement was also required to ensure that all

residents were provided with opportunities to participate in meaningful activities.

The inspector was not satisfied that sufficient care was taken to ensure that residents could undertake personal activities in private as required by the regulations. The inspector saw a resident having eye care while seated in the day room with other residents. No attempt was made to provide privacy for this procedure.

It was noted at the previous inspection that the privacy screening in one twin room was not adequate and did not enable the screen to close fully around the resident's bed. The inspector saw that this had been addressed.

It was also noted at that time that an assessment, review or record of each resident's participation or otherwise in the various activities provided was not maintained. The inspector saw that this had been addressed and computerised records were maintained.

The inspector found there was a varied activities programme including arts and crafts, exercise, bingo and music provided. The activity coordinator spoke with the inspector and discussed ongoing development work in relation to residents with dementia. This included the use of dementia appropriate techniques such as life stories and reminiscence. However it was noted on day one of the inspection that although a small group activity was taking place in a separate room, there was no meaningful engagement with the remainder of the residents who were seated in the day room.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with dementia. The observations took place in the day rooms and dining room. The results indicated that the majority of interactions demonstrated positive connective care. However during one observation period, seven of nine residents were asleep while a DVD was playing on the television.

The inspector noted that the atmosphere was homely and staff spoke with residents in a calm respectful manner.

Residents' meetings were held in the centre on a regular basis. Residents' feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved, including the food on the menu and the activities planned. Relatives' meetings were also held on a regular basis to ensure that the residents with dementia were represented.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre. Church of Ireland ministers visited as needed. Each resident had a section in their care plan that set out their religious or spiritual preferences. Residents were enabled to vote in national referenda and elections either in the centre or in their own locality.

The inspector saw that some residents preferred to spend time in their own rooms, watching TV, or taking a nap. Other residents were seen to be spending time in the various communal areas of the centre. Newspapers and magazines were available. The person in charge outlined details of independent support services that were available to the residents.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures**Theme:**

Person-centred care and support

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

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

Findings:

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

Some residents and relatives spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

It was noted at the previous inspection that some improvement was required regarding documenting the exact nature of the complaint along with the investigation details and actions taken on foot of a complaint. The inspector saw that this had been addressed.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were suitably supervised on an appropriate basis. Improvement was required to ensure that staff files met the requirements of the regulations.

The inspector reviewed a sample of staff files and noted that one of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. In addition the person in charge's staff file was incomplete. The inspector was told that the full file was maintained in another location.

Assurance was given that Garda Vetting was in place for all staff. There were no volunteers in the centre at the time of inspection. The person in charge was aware of the requirements to ensure that garda vetting was in place and their roles and responsibilities were set out in a written agreement in line with the regulations

Up-to-date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Other training completed included training in dementia, the management of responsive behaviours and infection control.

Judgment:
Substantially 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 location, design and layout of the centre were suitable for its stated purpose. Some improvement was required to ensure that the premises were made more suitable for residents with dementia.

The centre is a single-storey building located within a residential village on the outskirts of a town.

The inspector found the centre to be warm, well maintained and decorated. However the inspector noted that some improvement was required to make this area more dementia friendly. For example all internal doors were white in colour which did not provide any assistance for residents' orientation. In addition there was limited use of contrasting colours in bathrooms or toilets. Directional signage was also limited.

Residents had good access to indoor and outdoor areas and to external gardens and courtyards. However at the time of inspection, the larger courtyard and external grass areas were in need of attention. In addition, one sloped verge outside of residents' bedroom windows had not been attended to recently. The grass and weeds were very long and unsightly.

The smaller secure garden area was well maintained and safe for residents' use. The inspector saw several residents and their families using this area during the inspection.

Sitting and dining rooms were large with good natural lighting. Communal rooms were decorated in a homely and warm fashion. There were other smaller areas and rooms to sit and dine in that were pleasantly furnished.

Corridors and door entrances of accommodation used by residents were wide and spacious to facilitate movement and aids used and required by residents. Handrails and grab rails were provided where required.

Bedroom accommodation was provided through a mix of single and twin occupancy rooms (54 single rooms and five twin rooms, all with en-suite facilities). Bedrooms were nicely personalised and comfortable. The inspector noted that the televisions in most of the bedrooms were small which may interfere with residents' ability to watch their favourite television programmes.

Furniture and equipment seen in use by residents was in good working condition and regularly serviced.

Suitable storage arrangements were available throughout the centre. Kitchen facilities were located within the building. A large spacious dining room adjoined the kitchen.

A laundry facility was available within the centre to launder residents clothing, bedding and curtains. Action required in relation to the laundry is discussed under Outcome 7.

Adequate parking was available at the front of the building.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

This outcome was not inspected against other than to follow up on actions from the previous inspection. In addition some new areas for improvement were identified.

It was noted at the previous inspection that manual handling practices were not in line with national guidelines. The inspector saw that all staff had attended training. In addition, moving and handling practices observed were appropriate.

It was also noted at that time that the ventilation system in the smokers' room was not sufficient to prevent the smoke from entering the corridors. While some attempts had been made to address this, the inspector noted that at various times during the day, the smell of smoke was evident in the front hall and corridor.

The inspector did note however that in the en-suites of the twin rooms, adequate arrangements were not in place for residents to store their toiletries. One shelf was available. It appeared as if this was used for one resident while the second resident left their belongings in their toilet bag or plastic container on the toilet cistern. The inspector also noted that in one en-suite, the toothbrushes of both residents were in a single beaker. These practices are not in line with good infection control procedures.

The inspector also noted that because of the size and layout of the laundry segregation of clean and dirty laundry was not possible. Again this posed a risk of cross infection.

Judgment:

Non Compliant - Moderate

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:

It was noted at the previous inspection that the contracts of care did not clearly set out the services provided and the fees charged to each resident. Signature sections were also unclear.

The inspector read a sample of completed contracts and saw that these had been addressed. The services provided and the fees charged were clearly documented and appropriate signatures were present.

Judgment:

Compliant

Outcome 12: Notification of Incidents

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 inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

It was noted at the previous inspection that some quarterly notifications had not been submitted to HIQA. The inspector saw that this had been addressed.

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:

Sheila Doyle
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:	Castle Gardens Nursing Home
Centre ID:	OSV-0000696
Date of inspection:	26 & 27/06/2017
Date of response:	13/07/2017

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:

The wound care plan did not sufficiently outline the care to be provided.

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.

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

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

The Person in Charge has reviewed all wound care plans to ensure that each plan of care is based on an accurate assessment of the wound and prescribed treatment and appropriate wound care. The progress of the wounds will be monitored by describing the effect of treatment and the healing process as well as photographing the wounds regularly, according to a regular timeframe to be outlined in the care plan. The care plan will indicate the type and frequency of dressing where required.

Proposed Timescale: 31/07/2017

Theme:

Safe care and support

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

Care plans were not consistently updated to reflect the recommendations of other health professionals.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each 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 Person in Charge will ensure that care plans include the recommendations of other health professionals to ensure that their specialist advice is implemented accurately.

Proposed Timescale: 31/07/2017

Theme:

Safe care and support

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

Although care plans were reviewed four monthly, there was no evidence of resident or relative involvement in this.

3. 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:

The Person in Charge will ensure that the resident and relatives (where appropriate) are consulted about the resident's individualised plan of care. A summary of the consultation will be documented in the resident's clinical record.

Proposed Timescale: 31/08/2017

Theme:

Safe care and support

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

Nursing staff were administering medication to residents in crushed form although it had not been specifically indicated on the prescription.

4. Action Required:

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:

The Person in Charge will ensure that all medicinal products, including those that may be crushed, are administered in accordance with the directions of the resident's GP and on the advice of the resident's pharmacist.

Proposed Timescale: 31/07/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Safety checks were not consistently completed when restraint was in use.

5. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The Person in Charge will ensure that safety checks on bedrails or lap belts are recorded according to the frequency indicated in the resident's care plan, in accordance with national policy on the use of restraint.

Proposed Timescale: 31/07/2017

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:

The inspector saw a resident having eye care while seated in the day room with other residents.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The Person in Charge will ensure that all personal care required by residents is undertaken in private, with due respect to the dignity of each resident.

Proposed Timescale: 31/07/2017

Theme:

Person-centred care and support

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

While small group activities were taking place in a separate room, there was no meaningful engagement with the remainder of the residents who were seated in the day room.

7. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

The Person in Charge will review the schedule of activities offered to residents to ensure that the interests and preferences expressed by individual residents are respected. There will be a variety of activities to cater for individual residents and groups. The Person in Charge will ensure that there is regular consultation with residents and their families to encourage them to evaluate the range of recreational activities offered.

Proposed Timescale: 31/08/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

One of four staff files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations.

The staff file for the person in charge was incomplete.

8. 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 Person in Charge has reviewed the staff files and all CVs include an explanation of gaps in employment history.

Proposed Timescale: 31/07/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The larger courtyard and external grass areas were in need of attention. In addition, one sloped verge outside of residents' bedroom windows had not been attended to recently. The grass and weeds were very long and unsightly.

Improvements are required to ensure the premises meets the needs of residents with dementia.

9. 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:

The larger courtyard and external grass areas have been tended and there is now a regular gardening programme in place to ensure that all garden areas are maintained to a high standard.

The Provider will review the environment to ensure that this reflects the needs of residents with dementia. Improvements include, but are not limited to: the provision of some pictorial signage, quiet areas to promote a sense of calm relaxation and familiar items in bedrooms to promote reminiscence and a sense of homeliness.

Proposed Timescale: 13/09/2017

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was inadequate ventilation systems within the smoke room as smoke migrated into the corridor when the smoke room door opened.

10. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

There are 2 extractor fans in the smoking rooms and these will be serviced to ensure that they are working effectively; this will reduce any migration of smoke fumes into the corridor when the door of the smoking room is opened.

Proposed Timescale: 31/07/2017

Theme:

Safe care and support

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

Adequate arrangements were not in place for residents to store their toiletries.

Because of the size and layout of the laundry segregation of clean and dirty laundry was not possible.

11. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Additional shelving will be provided in bathrooms for residents to store their toiletries. There will be clear segregation of residents' toiletries in shared bathrooms by providing separate storage/shelving for each resident.

The Person in Charge will ensure that the laundry room is rearranged to allow for the clear separation of clean and dirty laundry.

