<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oghill Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000077</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Oghill, Monasterevin, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>045 523 513</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:oghillnursinghome@eircom.net">oghillnursinghome@eircom.net</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Eochiall Enterprises Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td></td>
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<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
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<tr>
<td>Support inspector(s):</td>
<td></td>
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<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 21 March 2018 09:30
To: 21 March 2018 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
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</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Information for residents</td>
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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 assessed the compliance level of the centre as compliant for the six outcomes under the thematic dementia assessment framework. This inspection agreed with the providers assessment for three of the outcomes in relation to complaints, staffing
and health and social care. The outcomes for safeguarding, premises and rights, dignity and consultation and were found to be substantially compliant.

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 physiotherapy, dietician, speech and language therapy, chiropody, optician and dental services. However the centre had been unable to source occupational therapy services for those residents who required specialist seating assessments or equipment to aid activities of daily living. Residents were seen regularly by a general practitioner (GP). Specialist medical services 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 very homely and was nicely decorated and well maintained. The provider had partially completed a refurbishment project and had created a fourth walk in shower room in line with the action plan from the previous inspection. Ongoing improvements would create a kitchen store room and a new sluice room. These improvements were scheduled to be completed by the end of April 2018. Two further actions from the previous inspection in relation to infection control and resident's clothing and personal property and possessions were found to have been addressed.

There was a clear management structure in place and staff were supervised and supported in their work. The centre's quality management system ensured that care and services were monitored and where improvements were identified these were implemented. Overall, there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. This inspection found that some improvements were required in relation to premises, meaningful engagement with some residents who had high levels of cognitive impairment and the use of restraints.
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:**
Residents had good access to a range of health and social care services. These included physiotherapy, dietitian, speech and language therapy, community mental health services and chiropody. Occupational therapy services provided assessment and advice in relation to specialist seating for higher dependency residents and private occupational therapy services were arranged for residents as required. Dental and optical services were accessed for residents in order to maintain their optimum health and independence. Health promotion services such as the annual flu vaccinations and diabetic retinal screening were made available for residents to ensure that potential health problems could be prevented.

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 psychiatry of later life.

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

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. Assessments included information about the resident's past life such as their hobbies and other interests for example types of music or sporting interests. Following the assessment a care plan was devised with the resident and/or their family. Care plans were clear and reflected the residents' current needs. Care plans were reviewed every four months or more often if the resident's needs changed. Records showed that residents and/or their families were involved in care plan reviews if they wished to participate.

Care records showed a good level of recording and reporting in key areas such as
nutrition and hydration, changes of position and of the daily care given. These records were well maintained and kept up to date throughout the day. Nurses checked the information regularly throughout the day which helped to ensure that any changes in a resident's health or well-being were detected promptly and managed pro-actively.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening details and information following clinic appointments were well maintained and easily accessible.

There were systems in place to ensure residents' nutritional needs were met, and that fluid and dietary input was recorded for those residents who were identified as being at risk. Residents' weights were checked monthly or more often if significant weight loss was detected.

Menus were available and all residents were offered a choice of nutritious home cooked dishes at each meal time. This included residents who were on modified diets. Textured meals were served as separate items on the plate and portion sizes varied to meet the resident's needs and preferences. Residents having their lunch in the dining room told the inspector that they had enjoyed their meal and that there was always plenty of choice on the menus.

Some residents chose to take their meals in their bedrooms. Trays were nicely set out with condiments and napkins. Food was kept covered during transit from the kitchen and was served hot.

Residents who preferred to take their meals in a quiet space or who needed more support and supervision were assisted to take their meals in the small seating area off the main corridor. Staff offered discreet encouragement and support for residents who needed assistance with their meals and were careful not to hurry residents.

There were comprehensive polices and procedures in place for the ordering, prescribing, storing and administering of medicines to residents. Nurses attended annual medication training and had an annual audit of their competency. The inspector observed part of the lunch time medication round. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well and was familiar with the residents' individual medication requirements. Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by the resident's general practitioner (GP). Medicine audits were conducted in the centre and a process for recording medication errors was in place.

**Judgment:**
Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were 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 familiar with the reporting structures in place. Staff were clear about their responsibility to keep residents safe. 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 person centred and promoted the individual's rights and dignity.

Although the centre was working towards a restraint free environment some improvements were required in relation to reducing the number of bedrails that were used in the centre. More than 50% of residents were using bed rails at the time of the inspection. A sample of records showed that that many residents or their families had requested the use of the rails at night for security and to prevent the resident from falling. Where bed rails were in use staff had completed a risk assessment and the resident and/or their families were involved in the decision to use the equipment. Records showed that alternatives had been trialed with residents prior to installing bed rails, however the range of alternatives used in the centre could be improved.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were safeguarded.

Judgment:
Substantially 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:
There was clear evidence that residents were consulted with and that they were facilitated to be as independent as possible and to exercise choice and control over their daily lives. Staff worked together to ensure that each resident's privacy and dignity was respected when care and services were being provided. Residents were able to meet with their families and visitors in private.

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 drawn around each bed. Staff always knocked before entering a resident's bedroom. Staff paid great attention to detail to ensure residents were nicely dressed and well presented. Care plans included details about individual resident's preferred clothing, make-up and jewelry. Staff told the inspector that residents took a real pride in their appearance and that their families were always pleased to see them looking well presented.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's life in the centre. A number of visitors joined in with the music session that was held in the main lounge. One resident chose to meet with her family in private in the conservatory area.

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. Residents were encouraged to participate in the activities and entertainments that were on offer but where a resident declined this was respected by staff.

Staff knew the residents well and for those residents who could not verbalize staff were able to recognize when the resident was not enjoying an activity or was feeling uncomfortable. Staff were also aware of each resident's preferred daily routines and were able to anticipate their needs. Overall staff demonstrated good interpersonal and communication skills using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. However the inspector observed that residents sitting in specialist chairs in the small seating area off the main corridor had less opportunities for meaningful activity and interactions with staff.

All staff were involved in the delivery of activities with residents. The activities programme took into account the information that had been collected in relation to residents' life stories in order to include relevant activities and entertainments. The programme provided activities for physical and mental stimulation such as daily exercise classes, quiz games, art therapy and flower arranging. The programme included reminiscence and sensory stimulation through hand massage and touch therapy for those residents with cognitive impairments and dementia.
A daily prayer service was held each morning and was well attended by residents. On the day of the inspection the local priest was delivering communion to residents at an Easter service.
Trips out of the centre were organized throughout the year. Birthdays and family celebrations were marked with birthday cakes and parties. Seasonal events such as Easter and Xmas and a summer garden party were celebrated throughout the year. Staff worked hard to make these occasions special for the residents. Residents and staff took
pride in showing the photographs of 2017 events to the inspector.

**Judgment:**
Substantially Compliant

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**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. Managers had recently developed a pictorial resident's guide which gave clear, easy to understand pictorial information in relation to how to raise a complaint. This was being piloted with residents who had specific communication needs such as dementia and cognitive impairment.

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. Few complaint were made to date and were dealt with promptly, and there were records available to document the outcome and satisfaction of the complainant.

**Judgment:**
Compliant

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**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. 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. As a result residents did not have to wait for staff to respond when they needed care and support.

There were sufficient support staff available including household, catering, administration and maintenance staff. Arrangements to replace staff to fill unexpected absences were in place. The inspector was told that part-time staff were available to fill unexpected absences and agency staff were not used. This helped to provide continuity of care for residents from staff who knew them well. On the morning of the inspection the founder of the centre was on site and was observed leading an activity session with residents who were enjoying reading excerpts from the daily newspaper and discussing the topics.

Staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. There was a tracking system in place to identify staff due to attend training sessions. Staff who spoke with the inspector said that they were provided with opportunities to attend training updates in key areas such as basic nutrition, falls prevention and infection control. 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 who were also the owners of the centre.

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 and volunteers working in the centre had Garda vetting in place.

**Judgment:**
Compliant

<table>
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<tr>
<th><strong>Outcome 06: Safe and Suitable Premises</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre is a purpose-built single storey building set in landscaped gardens situated in a peaceful rural setting approximately five kilometers from local shops and amenities.
Car parking is available to the front of the premises with wheelchair accessible spaces and facilities.

In line with the action plan from the previous inspection the providers had commenced a refurbishment programme to create an extra shower room and toilet for residents, an upgrade and extension of the kitchen area/storage facilities and kitchen and the addition of a suitable sluice room. At the time of this inspection the programme was partially completed to provide an extra resident shower room/toilet and the kitchen had been extended and refurbished. The sluice room and the kitchen storage areas were progressing and were due for completion by the end of April 2018.

The centre has 24 single bedrooms four of which have en-suite toilets and washbasins and one of which has en-suite shower facilities. There are five twin rooms with wash hand basins in place. Bedrooms were warm and comfortable and provided wardrobe and drawer space for residents to keep their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it. Residents and their families were encouraged to personalize their bedroom space with pictures, photographs and artifacts from home. As a result bedrooms were very individual and residents were able to organize their personal space to reflect their personal life and interests. The inspector noted that staff often used items such as a photograph or personal item from the resident's bedroom to initiate a conversation or a non-verbal response with those residents who had short term memory problems or other cognitive needs.

Communal facilities included a spacious lounge area with television, radio and music system available for residents. This area was used for group activities and the musical entertainment on the day of the inspection. The lounge provided comfortable seating for residents and offered a view over the grounds to the front and side of the building. The conservatory provided a pleasant bright space for residents and their visitors. It was comfortably furnished and had supplementary heating available for the cooler months. This area was mostly used by residents who wanted to meet with their families and visitors in private. The inspector observed that the space was underutilized and could perhaps be used to provide extra communal space for residents. There were two further quiet seating areas available for residents. These included a pleasant space in the reception area where residents sat to watch visitors coming and going throughout the day. A second small quiet seating area was situated off the main corridor. This area housed a Budgerigar and a radio which provided interest and stimulation for those residents who sat here during the day. There was also a pet cat who wandered around the centre and socialized with staff and residents. This was a small cozy area for residents who preferred a quiet space or who needed a higher level of supervision and support. However space was limited and the area did appear cluttered when three or more residents were gathered here in large comfort chairs.

The dining room was nicely laid out with flowers and menus available on the tables. There were adequate shower and toilet facilities available for 34 residents. An extra walk in shower room had been created since the last inspection. Shower and toilet facilities were fitted with grab rails and specialist equipment to ensure the safety and comfort of the residents.

Residents were mobilizing around the centre throughout the day either independently
or with the support or supervision of staff. Floorings were non slip and grab rails were available along hallways and corridors. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Rest spots were available along some corridors which featured points of interest such as collages of photographs, pet birds and external views. Residents were able to use these features to help them orientate themselves to the building. The inspector observed that residents stopped to look at the photographs and pictures of local points of interest that were displayed along the walls. Staff were observed to stop and point out items of interest or where the resident could be found in the photograph. This often initiated a conversation with the resident involved about a memory shared.

The inspector noted that navigational aids for residents with dementia could be further improved through more use of this type of feature and other aids such as signage and colour contrast. It was also noted that the purpose and function of some rooms were not clearly identified including staff facilities, store rooms, some bathrooms and bedrooms.

There was a pleasant enclosed garden available for residents with comfortable seating and tables for use in the warmer weather. The provider was extending the garden space as part of the current refurbishment plan for the premises. The extended garden was due to be completed and available for use in the summer of 2018.

Judgment:
Substantially Compliant

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider had created an interim storage area for kitchen cleaning equipment in line with the action plan from the previous report. A dedicated kitchen storage area would be available on completion of the current refurbishment programme in April 2018.

**Judgment:**
Compliant

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**Outcome 11: Information for residents**

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a resident’s guide which provided clear information about the care and services and the daily routines in the centre and the complaints procedure. The guide was made available to residents and their families. A pictorial guide was being developed for those residents who had specific communication needs.

Each resident had a written contract of care. The inspector reviewed a sample of contracts. The documents included a list of facilities and services provided including laundry, meals and housekeeping. Services which incurred additional fees were listed such as transport and prescription charges. Contracts were signed and dated by the resident or their representative.

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:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>21/03/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/04/2018</td>
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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 02: Safeguarding and Safety

Theme:
Safe care and support

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

Although the centre was working towards a restraint free environment some improvements were required in relation to reducing the number of bedrails that were used in the centre. More than 50% of residents were using bed rails at the time of the inspection. It was not clear that the full range of alternatives had been trialed with residents prior to installing bed rails.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. 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:
We are committed to promoting a restraint free environment thereby reducing the number of residents using bed rails through continued information and education to the residents and/or their families and staff. We will continue to monitor the use of bedrails with regular reviews and audits.

Proposed Timescale: 23/04/2018

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:
However the inspector observed that residents sitting in specialist chairs in the small seating area off the main corridor had less opportunities for meaningful activity and stimulation. Staff did engage with these residents but usually only when a resident required assistance with an aspect of daily living such as eating, drinking or repositioning. At times staff interactions with these residents were neutral and lacked meaningful engagement with the resident. This was discussed with the person in charge and the provider.

2. Action Required:
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:
These residents have individual activity care plans in place according to their assessed preferences and abilities. This information is obtained on admission from the resident and/or their family and reassessed four monthly and sooner if their condition changes. The staff member in question that seemed to lack meaningful engagement with a resident, was very nervous regarding the inspection and was aware that the inspector was observing her which seemed to have affected her interaction at that time with the resident in question. As a provider and PIC who are on the premises every day, we consistently monitor staff interactions with residents and strive to achieve a very high standard of communications between residents and staff and performances are reflected in their appraisals. In the small seating area the residents have access to TV, music, radio and birds. Staff provide activities such as Sonas sessions, hand massage and read newspapers, magazines and poetry to the residents. They often join in activities in the communal area which are of interest and benefit to them. These residents like to see staff and other residents coming and going and this appears to
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect: 
Navigational aids for residents with dementia could be improved through more use of points of interest, navigational signage and colour contrast. It was also noted that the purpose and function of some rooms were not clearly identified including staff facilities, store rooms, some bathrooms and bedrooms.

The space in the seating area off the main corridor was limited and the area did appear cluttered when three or more residents were gathered here in large comfort chairs.

3. 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:
Corridors will be painted different colours to improve colour contrast to assist our residents with dementia.
As we are renovating areas within the nursing home and painting doors, some of our signage was not in place on the day of inspection. Additional signage has been sourced and ordered.
The conservatory and day room will be utilised more often as per residents wishes and preferences.

Proposed Timescale: 20/06/2018