<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dean Maxwell Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000665</td>
</tr>
<tr>
<td>Centre address:</td>
<td>The Valley, Roscrea, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>050 521 389</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catherine.lanphier@hse.ie">catherine.lanphier@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>Number of residents on the date of inspection:</td>
<td>22</td>
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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 2 day(s).

The inspection took place over the following dates and times

From: 23 July 2018 10:00  
To: 23 July 2018 16:30  
24 July 2018 09:30 24 July 2018 14:30

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>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. 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 compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
While this centre does not have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Eight residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The inspector found that while residents’ overall healthcare needs were met and they had access to medical and allied healthcare services, improvements were required to access to physiotherapy services.

Improvements were required to ensure that the social care needs of all residents were assessed and individualised care plans and activity programmes put in place to reflect those assessments. Further enhancements were required to ensure that residents were offered a choice and range of appropriate recreational and stimulating activities and ensuring that residents including residents with a dementia or cognitive impairment were consulted with about how the centre was run and planned.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Improvements had been carried out to the premises since the previous inspection, two new assisted shower rooms had been provided, however, there was still inadequate storage for equipment, no private visitors space and parts of the building required cleaning and redecorating.

The collective feedback from residents was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses, however, all staff had not completed mandatory training in safeguarding vulnerable adults.

Some issues from the last inspection had still not been addressed including the documentation to support the use of restraint, care planning documentation and complaints management, further improvements were required in relation to risk management, infection prevention and control, staffing records and nursing documentation.

These areas for improvement are discussed further throughout the report and in the action plan at the end of the report.
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 found that residents’ overall healthcare needs were met and they had access to a range of medical and allied healthcare services. There was improved access to chiropody services following the last inspection and the chiropodist now visited regularly. However, improvements were required to ensure that all residents had access to physiotherapy services. The person in charge outlined how physiotherapy services were available in the local health centre but were not available in house which limited some residents from accessing the service. Improvements were required to ensure that the social care needs of all residents were assessed and individualised care plans and activity programmes put in place to reflect those assessments. This is discussed further under Outcome 3: Residents rights, dignity and consultation. Improvements were also required to ensure consistency in the care planning documentation.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector reviewed a sample of medication prescription and administration charts and noted that medications were regularly reviewed. Issues relating to the storage of medications from the last inspection had been addressed.

Care plans were in place for all residents which outlined guidance for staff in areas such as personal care, continence and elimination, mobility and safety, oral care, eating and drinking, sleep and rest, communication and behaviour, absconsion and end of life. There was evidence that assessments and care plans were being reviewed and updated on a routine regular basis and evidence that relatives and residents were involved in the review of care plans, however, some inconsistencies were noted in the nursing documentation.

Improvements were required to ensure that all care plans reflected the current needs of residents and guided staff in the care of the resident. While nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents
up to date health care needs, these were not always reflected in the care plans.

The social care needs of residents were not formally assessed and there were no care plans in place to reflect residents' individual interests, hobbies and life stories.

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

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There was a large menu board which clearly displayed what food choices and dishes were available for each meal. Mealtimes in the dining room was an unhurried social occasion in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector noted that staff assisting residents with dementia were caring and sensitive. A variety of hot and cold drinks, as well as snacks were offered and encouraged throughout the day.

The inspector noted that there was a low level of falls in the centre. The inspector reviewed the file of a resident who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. However, nursing recommendations to refer the resident to the physiotherapist for post falls mobility assessment and exercise plan had not happened. Low-low beds and crash mats were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Some staff had attended end of life training. There were two dedicated single palliative care rooms with kitchenette and dayroom available. Religious sacraments were available to all residents as desired. Families were facilitated to stay overnight and were provided with refreshments and food.

**Judgment:**
Non Compliant - Moderate
### Outcome 02: Safeguarding and Safety

**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:**
While the provider and management team had taken measures to safeguard residents from being harmed and from suffering abuse, improvements were still required to the documentation to support the management of restraint and also to ensuring that all staff had up to date training in safeguarding vulnerable adults.

Training records reviewed indicated that while staff had completed elder abuse training in the past, most staff had not completed up to date training in safeguarding vulnerable adults. The person in charge confirmed that it had been difficult to arrange this training and stated that she planned to complete 'train the trainer' so that she could facilitate the training in house.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a reduction in the use of bedrails, there were six residents using bed rails at the time of inspection, some at the residents own request. However, documentation to support the use of bed rails required improvement in order to reflect the national policy and best practice. While risk assessments had been completed, some did not specify what alternatives had been tried or considered and they did not include a clear rationale for the use of the bedrail. There were no care plans in place to guide the care of a resident using a bedrail.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour. Staff spoken with were knowledgeable about and could outline person-centred strategies for dealing with individual residents' responsive behaviours, however, these strategies were not consistently described in their support care plans.

Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. While the inspector noted that there was a clear rationale documented following the administration of PRN psychotropic medications in line with the restraint policy guidance, there was no reference to these medications in the residents responsive behaviour plan of care.
The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm environment and allowing residents choice of daily routines. The inspector observed this taking place in practice. Nursing staff spoken with were clear they needed to consider the reasons people’s behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of the staff.

**Judgment:**
Non Compliant - Moderate

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### 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:
While the rights, dignity and privacy of residents was well respected by staff, improvements were required to ensure that all residents including residents with a dementia or cognitive impairment were offered a choice and range of appropriate recreational and stimulating activities in line with their assessed needs. Improvements were also required to ensure that residents with a dementia were consulted with about how the centre was run and planned.

Residents' committee meetings continued to be held three monthly, however, residents with a dementia or cognitive impairment were not consulted with or represented at the residents' committee meetings. The views of some residents had been recently sought by means of quality improvement questionnaires however, the views of residents with a dementia or cognitive impairment had not. The person in charge confirmed that there was no formal method of seeking feedback from residents with dementia and their families.

There was no information regarding an advocacy service available to residents. While the person in charge advised that contact could be made with a SAGE advocacy representative, there was no information regarding this service displayed and the
representative had not visited the centre. The person in charge confirmed that residents had not been provided with information regarding the service.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. The hairdresser visited regularly and many residents availed of the service.

Residents spoken with were complimentary of staff and the care provided.

Bedroom and bathroom doors were closed and screening curtains were in place in shared bedrooms when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents’ religious and political rights were facilitated. Mass was celebrated weekly in the centre and the daily local church services were relayed by video link to the television in the 'snug' dayroom. Arrangements were in place for residents of varying religious beliefs. Many residents spoken with stated that they enjoyed partaking in religious ceremonies. Residents were facilitated to vote and staff confirmed that some residents had voted in-house in the recent referendum.

There was an open visiting policy in place. However, there was no separate private space available if residents wished to meet visitors in private.

Staff were observed offering choice such as choice of preferred drinks and preferred meal option, choice of having meals in their bedroom or dining room.

Residents had access to information and news, daily and weekly local newspapers, the weekly parish newsletter, notice boards, radio, television and Wi-Fi were available.

Improvements were required to ensure that all residents were offered a choice of appropriate recreational and stimulating activities based on each resident’s assessed social care needs, preferences, capabilities, interests and past activities. As discussed under Outcome 1: Health and social care needs, the social care needs of all residents were not assessed and therefore, individualised care plans and activity programmes were not in place to reflect those assessments.

There was a staff member assigned to coordinate activities on a daily basis. The inspector observed some residents and day care attendees enjoy a range of activities during the inspection including newspaper reading, bingo and light exercise session, however, the inspector observed that most residents with a dementia did not engage in these activities. Other activities that took place regularly included arts and crafts, quizzes and music sessions. Some staff members had recently completed training in 'Fit for life' (exercise training programme for older people). Other staff had completed Sonas training (therapeutic programme specifically for residents with Alzheimer’s disease) however, there were no Sonas sessions scheduled. The practice development coordinator following a review of files of residents with dementia in May 2018 had outlined that improvements were required in relation to meeting the social care needs of residents and provision of meaningful activities, however, the findings of this review had
not been implemented.

**Judgment:**
Non Compliant - Moderate

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Further improvements were required to the oversight and management of complaints.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff, however, there was no complaints procedure displayed as required by the regulations.

The inspector reviewed the complaints log and noted two recent complaints. The person in charge stated that both complaints had been investigated and that the complainants were satisfied with the outcome, however, the details of the investigation, outcome or complainants satisfaction or not with the outcomes were not recorded.

**Judgment:**
Non Compliant - Moderate

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
The inspector found that staff delivered care in a respectful, timely and safe manner. Improvements were required to ensuring that records as required by the regulations were maintained in respect of all staff working in the centre.

The inspector found there was an appropriate number and skill mix of staff on duty to
meet the holistic and assessed needs of the residents. A clinical nurse manager had been appointed since the previous inspection. On the day of inspection there were 22 residents living in the centre. There were normally three nurses and three care staff on duty during the morning and afternoon, two nurses and two care assistants on duty in the evening time and one nurse and two care assistants on duty at night time. The person in charge and the clinical nurse manager were normally on duty Monday to Friday during the day time.

The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included catering, housekeeping and administration staff. Residents spoken with stated that they knew the staff well.

The inspector reviewed a sample of staff files including the files of recently recruited staff. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. However, other documents as required by the regulations were not available for some staff in the centre. The person in charge advised that these documents were available in the human resource department at head office. The person in charge confirmed that recently recruited staff had completed comprehensive induction training however, there were no records of induction training completed.

Staff had been provided with training opportunities. Recent training included medication management, end of life care, infection prevention and control, hand hygiene, care planning and three staff attended a behavioural workshop on the day of inspection. The person in charge had recently completed a healthcare management course. Two nursing staff were planning to attend a leadership for nurses training course in September 2018.

Judgment:  
Substantially Compliant  

Outcome 06: Safe and Suitable Premises

Theme:  
Effective 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 noted that while improvements had been carried out to the premises since the previous inspection and two new assisted shower rooms had been provided, further works were required in order to fully comply with the requirements of Regulations. For example, there was still inadequate storage for equipment, no private visitors’ space and
parts of the building required cleaning and redecorating.

The centre was single storey. There was a variety of communal day spaces including day rooms, dining room, oratory and front reception area. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation was provided in 15 single bedrooms and six twin bedrooms. The twin bedrooms had en suite toilet and shower facilities. The single bedrooms were small in size. The person in charge confirmed that the centre continued to operate within the procedures outlined in the statement of purpose for the management of the small sized single rooms as requested by the Authority and residents assessed as requiring the use of a hoist were not accommodated in these rooms.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some bedrooms had a picture of residents' choice on their door, the aim of these were to provide visual cues for people to recognise their own bedroom. There was a sign with a word and a picture for bathrooms to assist residents find their way more easily.

There was still inadequate space for the storage of equipment. There was no separate storage available to store equipment such as specialised chairs, wheelchairs, walking frames and hoists when not in use.

There was no private visitors' space available should residents wish to meet visitors' in private.

The inspector noted that parts of the building required cleaning and redecorating. On day one of the inspection, the sluice room, cleaners' room and outdoor smoking gazebo were maintained in an unclean, unkept condition and required thorough cleaning. This was brought to the attention of the person in charge and was found to have been addressed on day two of the inspection.

The walls and wooden door frames to some bedrooms and en suites required decoration and repainting.

There were two enclosed gardens with appropriate garden furniture and safe surfaces. The garden areas were easily accessible, doors to the garden areas were open and residents could access them independently.

Residents had access to equipment that promoted their independence and comfort. There was an appropriate level of assistive equipment, such as specialist chairs, wheelchairs, walking aids, hoists, specialist mattresses, pressure relieving cushions and beds to meet residents’ needs. There were up to date service records available for all equipment.

**Judgment:**
Non Compliant - Moderate
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:
While the inspector did not inspect specifically against this outcome, issues identified during the last inspection were followed up on and found to be addressed. However, further improvements were required in relation to risks identified during this inspection.

While regular fire drills were carried out and documented, records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire particularly at night time.

There was no fire extinguisher provided in or near the designated smoking area. Cleaning chemicals were stored in both unlabelled and in incorrectly labelled containers. These issues posed a risk to residents, staff and visitors.

Cleaning equipment was inappropriately stored in the sluice room, the cleaners' room and sluice room were found to be maintained in an unclean condition contrary to best practice in infection prevention and control.

Judgment:
Non Compliant - Moderate

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:

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

Centre name: Dean Maxwell Community Nursing Unit
Centre ID: OSV-0000665
Date of inspection: 23/07/2018
Date of response: 23/08/2018

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The social care needs of residents were not formally assessed.

1. 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

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

Please state the actions you have taken or are planning to take:  
The social care needs of all residents are assessed and individual care plans developed and reviewed.
Activity programmes are co-ordinated which reflect the outcome of these assessments and documented in the individual care plans. The assessments are carried out in conjunction with the resident and/or family. Staff have been made aware that the social care needs of the residents must be formally assessed and documented.

**Proposed Timescale:** 31/07/2018  
**Theme:**  
Safe care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
There were no care plans in place to reflect residents’ individual interests, hobbies and life stories.
There were no care plans in place to guide staff in relation to restraints in use.
Residents up to date health care needs were not always reflected in care plans.

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

Please state the actions you have taken or are planning to take:
All care plans have been reviewed and updated to reflect each residents individuals needs, in regards to their interests and hobbies. Residents' health care needs have been reviewed and care plans have been updated to reflect same. An activity plan is also included in their care plan tailored to their individual needs.
Based on individual assessments, any residents requiring use of a restraint e.g. a bedrail, will have an individualised healthcare plan set up and reviewed.

**Proposed Timescale:** 31/07/2018  
**Theme:**  
Safe care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents had limited access to physiotherapy services. Arrangements had not been put in place for some residents who required physiotherapy.
3. **Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
All residents in the designated centre have access to Health and Professional Services within Primary Care.

**Proposed Timescale:** 31/07/2018

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**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:
Documentation to support the use of bed rails required improvement in order to reflect the national policy and best practice. Risk assessments completed did not specify what alternatives had been tried or considered and they did not include a clear rationale for the use of the bedrail.

4. **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 care plans have been reviewed and revised to indicate a clear rationale for the use of bedrails. The policy in relation to restraints has been discussed with staff and are aware of this.

**Proposed Timescale:** 31/07/2018

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**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Training records reviewed indicated that many staff had not completed up to date safeguarding training.

5. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.
Please state the actions you have taken or are planning to take:  
The PIC has undertaken facilitator training to carry out safeguarding training on 8th August 2018. All staff will undertake safeguard training onsite.  
All staff training is recorded on the CHO3 OPS Staff Training Matrix.

**Proposed Timescale:** 31/10/2018

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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>All residents including residents with a dementia or cognitive impairment were not offered a choice and range of appropriate recreational and stimulating activities in line with their assessed social care needs.</td>
</tr>
<tr>
<td><strong>6. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Individual care plans have been developed for each resident. An activity plan has been designed to incorporate activities for residents with a diagnosis of either dementia or cognitive impairment. The activities have been developed to reflect individual resident’s likes and dislikes, as identified through the individual assessment.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 20/08/2018</td>
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<tbody>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Residents with a dementia or cognitive impairment were not consulted with or represented at the residents committee meetings. The person in charge confirmed that there was no formal method of seeking feedback from residents with dementia and their families.</td>
</tr>
<tr>
<td><strong>7. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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The next Residents Committee meeting has been scheduled for 16th September, 2018.

A Resident with a dementia or cognitive impairment diagnosis and/or family members will be invited to participate on this Committee.

**Proposed Timescale:** 16/09/2018  
**Theme:**  
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
There was no information regarding an advocacy service available to residents.

**8. Action Required:**  
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

**Please state the actions you have taken or are planning to take:**  
SAGE Advocacy Service has been contacted and will visit the Centre on the 22nd August 2018 to talk to all residents to provide information.

SAGE Advocacy Service will be invited to attend the Resident’s forum twice yearly to inform new residents about the services they provide. Information regarding SAGE advocacy service will be displayed within the Centre.

**Proposed Timescale:** 22/08/2018  
**Theme:**  
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
There was no separate private space available if residents wished to meet visitors in private.

**9. Action Required:**  
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

**Please state the actions you have taken or are planning to take:**  
The following areas have been identified whereby residents can meet with visitors in private:  
• The conservatory area located in the Palliative Suite  
• Dining area  
• The lobby
• The sitting room
• The Alcove area
• The garden area

Residents have been informed of the options available to them. Appropriate signage for these areas are displayed.

**Proposed Timescale:** 31/07/2018

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure was not displayed.

**10. Action Required:**
Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
A copy of the Complaints Procedure is now displayed in the main reception area of the centre.
Residents and family have been informed of the Complaints Procedure.

**Proposed Timescale:** 27/07/2018

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The details of the investigation, outcome or complainants satisfaction or not with the outcomes were not recorded.

**11. Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The current documentation has been reviewed and amended to reflect the complaint management process, outcome of the complaint and the residents level of satisfaction with the outcome and any further action required to complete the complaint management process. This has been communicated to all staff.
### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some records as required by the regulations were not available for some staff in the centre. There were no records of induction training completed by recently recruited staff members.

12. **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:**
There is evidence of induction training completed and available for all staff and filed in the staff members personnel file.

**Proposed Timescale:** 26/07/2018

### 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:**
There was inadequate storage for equipment and no private visitors space. Parts of the building required cleaning and redecorating.

13. **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:**
Redecoration:
A redecorating schedule has been developed with Maintenance dept and is currently in progress.

Private visitor space:
The following areas have been identified whereby residents can meet with visitors in
private:
• The conservatory area located in the Palliative Suite
• Dining area
• The lobby
• The sitting room
• The Alcove area
• The garden area

Residents have been informed of the options available to them. Appropriate signage for these areas are displayed.

Storage:
An alternative storage area has been identified for equipment.

Cleaning:
A cleaning schedule has been developed and communicated with cleaning staff. Instruction has been provided where required.

**Proposed Timescale:** 31/07/2018

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

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Cleaning chemicals were stored in both unlabelled and in incorrectly labelled containers which posed a risk to residents, staff and visitors'.

14. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
All chemicals have been correctly stored in labelled containers. Potential hazards will be risk assessed and managed throughout the centre in compliance with the HSE risk management policy.

**Proposed Timescale:** 31/07/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory**
requirement in the following respect:
Cleaning equipment was inappropriately stored in the sluice room, the cleaners’ room and sluice room were found to be maintained in an unclean condition contrary to best practice in infection prevention and control.

15. **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:**
A deep clean was carried out in the sluice. Cleaning is checked on a daily basis by the PIC of the unit on that day to ensure that the sluice is kept clean.
Staff have been instructed that the storage of cleaning trolleys must not be in the sluice and must be placed in the room allocated for them.

**Proposed Timescale:** 25/07/2018

| Theme: | Safe care and support |

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no fire extinguisher provided in or near the designated smoking area.

16. **Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
The unit is a smoke free campus and has an area which is used for any person that has an exemption for smoking. A fire extinguisher has being placed in the designated smoking area.

**Proposed Timescale:** 26/07/2018

| Theme: | Safe care and support |

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
While regular fire drills were carried out and documented, records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire particularly at night time.

17. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Please state the actions you have taken or are planning to take:
A schedule of simulated fire drills per annum will be carried out and documented using the minimum amount of staff at any given time with the maximum number of residents.

**Proposed Timescale:** 30/08/2018