

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moate Nursing Home
Centre ID:	OSV-0000068
Centre address:	Dublin Road, Moate, Westmeath.
Telephone number:	090 648 2855
Email address:	moatenursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary O'Donnell
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
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.

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 Quality 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 June 2016 09:00 To: 21 June 2016 17:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspection also followed up on progress with completion of actions required to address non-compliances with the regulations from the registration inspection in March 2015. There were six actions required in the action plan from this inspection and six were satisfactorily completed.

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 Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspectors' rating for each outcome.

Inspectors met with residents and staff members during the inspection. They tracked the journey of four residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

On the day of inspection 27 of the 49 residents in the centre were deemed to have a dementia related condition. Twenty three of these residents had a formal diagnosis of dementia. The centre did not have a dementia specific unit. Staff training was prioritized and staff were skilled to support residents and their families and to provide person-centred care. Positive care was observed during the formal observation periods. However there was inadequate support for the activity staff member to facilitate activities before lunch. Inspectors also noted that contrasting colour could be used to enhance the environment for people with dementia.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. There was evidence of good interdisciplinary approaches in the management of behaviours that challenge with positive outcomes for residents. The service functioned in a way that supported residents to lead purposeful lives with plenty of interesting things to do.

These issues are discussed further in the body of the report and the actions required are 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 Quality 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:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had the option to retain the services of their own general practitioner (GP) if they wished to do so. Five GPs attended various residents and records showed that residents had timely access to GP services. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, physiotherapy, occupational therapy, ophthalmology and podiatry services. Residents also had access to the local palliative care team and mental health of later life services. Community dental services were not provided since 2015 but arrangements were in place for a local dentist to visit residents who were unable to visit the surgery. A pharmacist visited the centre regularly to participate in medication reviews and was available to meet with residents.

Inspectors focused on the experience of residents with dementia and they tracked the journey of four of residents with dementia. They also reviewed specific aspects of care such as nutrition, diabetes management and wound care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital prior to admission. All residents' files held relevant information on discharge letters from hospital and some of the files held a copy of the Common Summary

Assessments (CSARS), which detailed the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were included with the transfer letter.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool for residents who were non-verbal. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a three monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents and relatives where appropriate had provided information to inform the assessments, care plans and care plan reviews. Staff nurses, health care staff, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans.

Staff provided end of life care to residents with the support of their general practitioner and the community palliative care team. The inspectors reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents. Single rooms were available for end of life care and one resident was under the care of the community palliative care team at the time of inspection. Many of the care plans reflected the wishes of family members because the residents were unable to participate in the discussions. Engagement with residents with dementia at an earlier stage to elicit their wishes and preferences was discussed with the person in charge.

Staff outlined how religious and cultural practices were facilitated within the centre. Inspectors noted that staff trained to undertake supra-pubic catheterisation, replace feeding tubes, and administer subcutaneous fluids to treat dehydration were some of the measures in place to avoid unnecessary hospital admissions.

Residents had access to a tissue viability nurse specialist who supported nurses with expert advice and guidance to manage wounds effectively. Inspectors tracked wound care for two residents and found their wounds were appropriately assessed, with specialist advice reflected in the care plans to guide the care provided.

Fifteen residents with diabetes were appropriately monitored and managed. Inspectors observed that blood glucose monitoring was carried out in accordance with HIQA guidance. Residents with diabetes were managed by the GP and had access to the community diabetic clinic and specialist advice from the diabetic nurse specialist.

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, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. Inspectors joined

residents having their lunch in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on diabetic and fortified diets, received the correct diet and modified meals were attractively served.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. Each fall presented an opportunity for reflective practice and new learning to prevent further falls. Audit reports showed a significant reduction the incidence of falls. Staff said the installation of viewing windows in day rooms and lounges had contributed significantly to the reduction in the number of falls in the centre.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist who also participated in the three monthly reviews of medications. Practices in relation to prescribing, ordering, receiving, administering, storing and returning unused medications were informed by robust medication policies.

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:

Inspectors found that appropriate measures were in place to protect residents from being harmed or abused, and the staff understood and implemented the policy on identifying and responding to elder abuse.

Staff had received training on identifying and responding to elder abuse. The policy in place, reflected the national policy on safeguarding vulnerable persons at risk of abuse. 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.

Some residents had responsive behaviours/behaviours that challenge, also known as behavioural and psychological signs of dementia (BPSD). Inspectors saw that

assessments had been completed and used to inform interventions in residents' care plans, which were reviewed on an ongoing basis. Staff who spoke with were very familiar with appropriate interventions to use. During the inspection staff approached residents with BPSD in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. There was evidence of interdisciplinary collaboration and person centered approaches with positive outcomes for residents who had responsive behaviours.

Inspectors reviewed the use of restraint and found that 15 residents used bedrails and one resident used a lap belt, which came with a special chair. Inspectors noted that the appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. Inspectors noted that some residents used bedrails to enable them to move in bed, there was no evidence that grab rails had been trailed as a less restrictive device.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Findings:

Residents with dementia were consulted with and participated in the organisation of the centre. They were supported to make choices and be independent, to learn new skills, and to develop and sustain friendships. Residents in the main led purposeful lives, they decided how to spend their day and there were opportunities to participate in activities that suited their interests.

A culture of person centred care was evident and staff worked to ensure that each resident with dementia received care in a dignified way that respected their rights. Residents got up when they wanted and the majority of residents who were tracked retired to bed after 10.30pm, because this was their wish. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well, including their backgrounds and personal history.

Residents on the ground floor had free access to a secure, well maintained garden. Residents upstairs had access to a safe balcony and they were assisted down by staff to attend divisional therapy or to sit in the garden.

An independent advocate came to the centre on a regular basis. She met residents individually, facilitated residents' meetings and trained the residents' choir, which sang at mass in the centre. The residents' meetings were held two monthly and attended by residents and relatives where appropriate. The minutes viewed showed that issues raised were followed up by management. For example additional snacks were provided in the evening including fruit, yogurts cheeses and crackers

Residents were facilitated to exercise their civil, political and religious rights. All the residents were Roman Catholic and staff confirmed that residents of other denominations were supported to practice their religion. Residents confirmed that their rights were upheld. Staff sought the permission of the resident before undertaking any care task and they were consulted about how they wished to spend their day and care issues. Residents' rights to refuse treatments were respected. For example, a number of residents, at risk of falling refused to wear hip savers. Arrangements were in place for residents to vote in the recent election.

Groups were formed to support residents and promote friendships. Groups met to discuss current affairs and sports. Ladies groups did needle crafts and reminiscence and enjoyed a formal tea party with china, cake stands and linen table cloths. The 'Men's Club' met to socialise and discuss issues, such as farming and sport. The 'breakfast club' was a project to support the social aspect of breakfast time. Residents who wished to do so, took their breakfast in the dining room in their dressing gowns and many returned to bed for a rest afterwards. A choice of cereals, cooked eggs and fried breakfasts were offered.

There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private apart from their bedroom. Residents were active in the local community. Two residents attended a local day service twice weekly. Two others were members of the local stroke support group. A list of local events was posted in the hall and residents enjoyed regular outings. Residents told inspectors about recent trips they enjoyed to the local park and the Carmelite Party. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. A group of residents had recently completed an eight week computer course. One resident had acquired a lap top so that he can email his son in America. Residents were also supported to use Skype.

Activity staff were on duty for seven days each week. They organised a variety of activities which were posted in residents' bedrooms. The activity schedule included activities arranged for the mornings and afternoons and included exercise classes, music, exercise, quizzes, art and religious activities. Residents with dementia were supported to engage in these activities and they were also benefitted from 'Sonas Therapy'(a multidisciplinary programme) and 'Tranquillity Sessions' in the quiet room. One-to-one time was scheduled for residents with more severe dementia who could not or preferred not to participate in the group activities. Aromatherapy and hand massage were some of the 1:1 activities provided. Life stories were documented and each resident's interests and hobbies informed the activity plan. Communication plans were in place for those who had difficulty communication. A lady with visual impairment had a talking watch. People with hearing impairment wore functioning hearing aids and staff were aware of the individual needs of these residents.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record at five minute intervals, the quality of interactions between staff and residents. The observations were done in the dining rooms and the sitting room. All the interactions observed were positive, some positive connective care was evident when the majority of residents engaged enthusiastically with the activity – music, singing, dancing and exercises or when staff interacted as equal partners with residents and offered choice at mealtimes. In the morning the activity staff member was alone in the day room as she facilitated activities for 24 residents.

Although she was excellent in her role, the task was not achievable because the group was too big and she did not have the support of another staff member. She tried to give residents drinks, distribute colouring materials to some residents and encourage other residents to do exercises to music while she followed a resident who continually wandered around the room. The Sonas session in the afternoon seemed more appropriate for this resident. The allocation of staff to support activity provision requires urgent review.

In addition the records of residents' participation or level of engagement in activities were kept separately by the activity staff member and not recorded along with other aspects of care provision. This may accentuate the perception that meeting residents social needs is the responsibility of the activity staff and secondary to other aspects of care provision.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. A log of all complaints, investigations, responses and outcomes was maintained. There was one active complaint being investigated at the time of inspection. The person in charge was the nominated complaints officer and an appeals procedure was in place.

The complaints procedure was displayed in the entrance to the centre and in the residents' guide.

Residents and relatives spoken with during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

Inspectors observed that the person in charge had a visible presence on the floor and she interacted well with residents and their families. Residents knew her well and they gave examples of issues they had raised with the person in charge, which were

addressed to their satisfaction.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

There was appropriate staff numbers and skill mix to meet the needs of residents, including residents with dementia. Staff had up to date mandatory training and they also had access to relevant training to meet the needs of residents with dementia. All staff were supervised on an appropriate basis and recruitment and vetting processes were in line with best practice.

Inspectors found that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs. Staff actual and planned rosters were available and reflected the staffing provision on the day of inspection. Many of the residents were long-term employees who knew the residents well. Residents told inspectors they felt supported by staff that were available to them as required.

A programme of training was maintained and all staff had mandatory training. This action was found to be completed since the previous inspection. In addition other relevant training was provided for staff. Both care staff and nurses told inspectors about the range of training they had attended. Many of the care staff had done QQI training and nurses did training to advance their clinical skills, such as male catheterisation. Inspectors interviewed the recently promoted clinical nurse manager and found that she had done a gerontology course and was accepted for a higher diploma in dementia care, which was due to begin in September.

Evidence of current professional registration for all rostered nurses was made available. Recruitment procedures were in place and samples of staff files were reviewed. Inspectors found compliance with the requirements of schedule 2 records. Actions required were completed in relation to the quality of staff references and follow up on issues arising from staff appraisals.

There were no volunteers engaged in the centre.

Judgment:

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 design and layout of the centre was suitable for purpose and met residents' individual and collective needs in a comfortable and homely way. There was scope for greater use of colour to support people with dementia.

Limited provision of bathrooms and inappropriate storage arrangements were issues on the previous inspection and the related actions had been completed. The provider had installed an additional shower unit on the first floor. There were three showers for 27 residents on the first floor and two showers for 22 residents on the ground floor. Care records showed that residents had baths/showers in line with their expressed wishes and care plans. Staff and residents agreed that the provision of shower and bathroom facilities was adequate. Storage arrangements were found to be appropriate on the day of inspection. One hoist was stored in the hairdressing room. Staff said it was removed when the hairdresser used the room on Fridays.

The premises and grounds were well maintained and clean, with suitable heating and ventilation.

A maintenance system was in place and a maintenance staff member worked in the centre three days each week. Maintenance records showed that maintenance requests were responded to in a timely manner. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices. Some residents had small items of furniture in their rooms and others had shelves with pictures and ornaments. Residents with dementia who were mobile had a picture on their bedroom doors to help them to identify their bedrooms. Clear signs was used to identify communal rooms, bathrooms and toilets. Grab rails were installed throughout the communal areas. Magnolia was used predominantly throughout the centre and contrasting colours were not used to support people with dementia to find their way around and to maximise the function of people with dementia and those with visual impairments.

Bedroom accommodation comprised of 49 single rooms. A twin room was assigned as a single room to facilitate the needs of a resident. Dining room facilities were centrally located on each floor, and adjoining the main kitchen on the ground floor. Meals were arranged and served in a variety of settings and all residents had access to a dining table which was suitably laid and supported dignified dining. The quiet room on the first floor had a china cabinet with a china tea set, which was used for the tea parties.

Residents had access to a safe and enclosed outdoor courtyard and there was a large safe balcony for use by residents on the first floor. A smoking room/area was available to residents within the centre and on the first floor. The door to the smoking room did not close fully and this could allow smoke to escape into the adjacent corridor.

There was appropriate equipment which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to show equipment was routinely maintained and serviced. Staff were trained to use equipment and were observed to use equipment properly.

Judgment:
Substantially Compliant

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:
Records showed that all staff had up to date training in fire safety and evacuation procedures. The fire officer was conducted fire safety training on the day of inspection. There was documentary evidence that fire training included simulation of night time conditions. Night staff interviewed said they attended this training and all staff were familiar with fire safety and evacuation procedures. Each resident had a personal evacuation plan which included specific issues relating to cognitive decline and other issues such as resistive behaviour.

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:

Mary O'Donnell
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:	Moate Nursing Home
Centre ID:	OSV-0000068
Date of inspection:	21/06/2016
Date of response:	06/07/2016

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

Some residents used bedrails to enable them to move in bed, but there was no evidence that grab rails had been trailed as a less restrictive device.

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

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

website of the Department of Health from time to time.

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

Where bed rails are currently used as enablers, a pilot process has commenced to replace bedrails with grab rails, which allow the resident to change their position with greater ease and do not pose a risk of entrapment. Resident, relative and staff feedback will be evaluated.

Proposed Timescale: 31/07/2016

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 activity co-ordinator was responsible for too large a group and did not have the support of other staff to facilitate activities.

The allocation of staff to support activity provision requires urgent review.

The records of residents' participation or level of engagement in activities were kept separately from other aspects of care. This may accentuate the perception that meeting residents' social needs is the responsibility of the activity staff and secondary to other aspects of care provision.

2. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Currently residents from both floors attend the planned morning group activities session in the downstairs lounge. The Activities Coordinator receives support from the carers to ensure that any care needs can be met as well as providing supervision during these activity sessions as the residents have varying needs and many also have cognitive impairment.

A variety of one to one, small and large group activity sessions are scheduled and the preferences and choices of residents are taken into account. A record of participation, level of engagement and preferred activities will be maintained in residents' records.

Proposed Timescale: 30/06/2016

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:

Contrasting colours were not used to support people with dementia to achieve optimal functioning.

The lock on the door of the smoking room was not fully functional.

3. 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:

Some contrasting of colours to support people with Dementia has commenced, this work is on-going with feedback from Residents, relatives and staff.

The lock on the smoking room door is now fully functional.

Proposed Timescale: 31/07/2016