

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Alzheimer Care Centre
Centre ID:	OSV-0000113
Centre address:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9.
Telephone number:	01 837 4444
Email address:	seustace@highfieldhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & M Eustace Partnership T/A Highfield Healthcare
Lead inspector:	Sarah Carter
Support inspector(s):	Gearoid Harrahill; Sonia McCague
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	152
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
15 May 2019 09:15	15 May 2019 18:30
15 May 2019 09:15	15 May 2019 18:30
15 May 2019 09:15	15 May 2019 18:30

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

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

Summary of findings from this inspection

The focus of the inspection was on the provision of dementia care. The methodology included gathering the views of residents, their relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS), was used to observe and analyse care practices and interactions between staff and residents. This was completed in different units at different times during the inspection, including a mealtime. Overall person-centred care was provided, and inspectors noted warm and friendly interactions. Documentation such as care plans, medical records and staff files were reviewed. Inspectors evaluated the quality of care and life for residents with dementia living in the centre as of an overall good standard but this varied as units varied in terms of size, layout and décor.

The health and social care needs of residents were met through the provision of good assessment and the development of care plans. Allied health professionals were

available to residents and provided a service to meet residents' needs. Medication management, specifically the processes around the use of PRN medicines (medicines only taken as the need arises) required improvement.

There were policies and procedures in place around safeguarding residents from abuse. Following the completion of investigations the provider and person in charge had taken steps to ensure good levels of staff oversight, however plans to ensure that staff groups rotated between day and night shift work had not been fully implemented.

A self-assessment form had not been submitted by the provider prior to the inspection, but was submitted immediately after the inspection. As a result, the table above does not reflect the self-assessment judgments as they were not received before the inspection. The provider judged themselves as compliant across all six outcomes covered in the dementia thematic inspection in the form received following the inspection.

The centre's last inspection took place in May 2018 and the outcomes that were not compliant or substantially compliant were followed up during this inspection. Notifications submitted since the last inspection were also reviewed and some were followed up on inspection. Unsolicited information received by the office of the chief inspector was also followed up on the day.

The inspection took over nine hours, due to delays accessing necessary paperwork. The centre also had an 8th condition on their registration which related to reconfiguration works being completed by 31 December 2018 . These works were fully completed; however, no application to remove the condition had been received.

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:

Arrangements were in place for each resident's wellbeing and welfare to be maintained with daily access to medical and timely access to allied healthcare services available upon referral by staff.

Established systems and structures had been developed for the assessment, planning and delivery of healthcare provision and medicine management but some of these areas required improvement.

From an examination of a sample of residents' records and care plans, and discussions with staff, the inspectors identified that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans implemented. The inspector noted that there was a delay in completing a timely nursing assessment following an incident, and not all learning outcomes had been fully implemented following the incident review.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and care plans reviewed showed admission arrangements and practice included a pre-admission assessment. Completed assessments of activities of daily living, which included; cognition, communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep were seen. Social and recreational plans included 'a key to me' document which described the resident's own likes, dislikes, personal circumstances and this assisted staff to know the resident well.

There was evidence of a range of validated assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognition, pain, mobility status and skin

integrity. The development and review of care plans was done in consultation with residents or their representatives. Each resident's health status, medicine and care plans were subject to formal reviews at least every four months or sooner.

Suitable arrangements and records were maintained to enable informed decisions and the right to refuse treatment. For example, an assessment of a resident or family view and their wishes for end-of-life care was carried out with the GP and staff, recorded and outlined in a related care plan that was subject to regular reviews. Care plans inspected included relevant details and information regarding religious, spiritual and cultural practices, and the named persons to assist in decisions to be made.

The assessment and management of physical restraint, wound care and falls was reviewed. While the overall number of each was low, the prevention and management of falls on one unit had been identified as an area for improvement and supervision by management. Allied healthcare professionals were available on a referral basis following a nursing or GP assessment. Structured activities were provided for residents on each unit that promoted positive health and wellbeing, mobility and exercises. Access to staff physiotherapists and occupational therapists (OT) were available on a referral basis. Residents had suitable mobility aids and some had specialised seating prescribed for their use by therapists. Handrails on corridors and grab-rails were seen in facilities used by residents, to promote independence.

Operational procedures that included monthly unit audits of clinical outcomes was maintained and recorded. This included outcomes from assessments in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, access to speech and language therapists or dietetic services for recommended food and fluid consistency and arrangements for intake recording, if required.

Other professional services were available and provided to residents including chiropody, podiatry, tissue viability, community medicine team, audiology, diabetic screening, dental, pharmacy and optical services. Residents' records reviewed showed that some residents had been referred to these services when required and results were recorded within the residents' clinical notes and associated care plans.

From discussions with staff and management, and review of medicine records, the inspector found that the systems in place within the centre for reviewing and monitoring medicine management practices required improvement. Medicine management oversight and audits were not sufficient to mitigate errors or ensure the administration, ordering, receipt or return of medicines in the centre was maintained in accordance with best practice. In a sample of medicine records reviewed, some administration records showed a higher dose administered than that prescribed, an incorrect record of stock balance and an absence of reconciling PRN medicines (a medicine only taken as the need arises). Records to be maintained to support the rationale for administering a PRN psychotropic medicine or demonstrate its use as a last resort were incomplete and did not sufficiently illustrate that other alternative interventions or non-drug therapies, such as engaging in preferred activities, had been trialled prior administration. Overall, an audit of medicine management, PRN use, associated records and reconciliation to

mitigate errors was required.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents were safeguarded in the centre. Their rights were safeguarded by a staff group which were knowledgeable about the different sorts of abuse that could occur in a designated centre. Staff were trained, and steps were being taken to train staff as trainers in this area.

Recent safeguarding investigations were reviewed and the lessons learned from the investigation process were discussed with the person in charge. As a result of this staff oversight had increased, with the person in charge and another senior nurse occasionally completing night duty to assist in their levels of oversight. One lesson learned was that staff who were allocated to work on night duty required regular rotation to day duty to ensure their supervision; however this had not been fully implemented by the day of inspection and required ongoing action from the provider.

There was a policy in place to guide staff practice on reporting any concerns or observations they had, and the investigation process described in the policy was being followed by the person in charge. Residents spoken with on the day said they felt safe in the centre.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their physical or social environment) had care plans to describe the care they required. Care plans were reviewed regularly, and there was evidence that residents could access specialists to review their care is required. Staff knowledge about residents' behaviours was good and practices observed on the day indicated friendly and warm interactions between residents and staff. The policy on responsive behaviour was in date, and had been reviewed regularly.

The use of physical restraint measures, for example bedrails, was very low in the centre. Doors were locked at the entrance to units. Residents who used bedrails had appropriate assessments in place, and their use was monitored daily. When residents had a prescription for PRN medicines (medications taken only as the need arises), a record was kept to indicate its use. However, this record, the process of recording PRN use and the audits completed to review PRN use, required improvement to ensure this

form of medication administration could be monitored clearly. This is discussed further in outcome 1 above. The policy guiding restraint use required reviewed, and the person in charge reported that this was ongoing and would be finalised after she attended a conference on the topic in the coming weeks.

The centre was a pension agent for a large group of its residents. Its pension agency processes were in line with recommendations. There were clear records maintained of residents' transactions. Residents could lodge their day-to-day money with the centre for safe keeping and they had access to this, through a process overseen by different staff members on a Monday to Friday basis. There was a possibility that residents could access their money at weekends, however this was required to be planned in advance. Residents were offered vouchers to use the café facility on weekends to ensure no one was without the money to do so, and to facilitate a normal activity of being in a café with friends and visitors.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

Inspectors observed interaction between staff members and residents throughout the day. Staff exhibited a good knowledge of residents, their interests, background and personalities. Care and assistance was delivered in a discreet and dignified manner and, where necessary, done behind closed doors or curtains for privacy. The measures to enhance the privacy of residents in Ryall unit had improved since the last inspection through the provision of mobile, solid privacy screens. Inspectors observed a casual, natural rapport between staff and residents, with staff joking and chatting with residents about topics that were meaningful to them, such as visiting family and upcoming events and trips into the community. Overall, residents appeared relaxed and in good form, and told inspectors what they liked to spend their time and money on during their day and what activities they enjoyed on the unit. Residents were observed strolling around the centre, going to and from their bedrooms, going out to smoke or relax out in the garden, both independently and with assistance, without discouragement.

The activities programme included a variety of recreational and social engagement for groups and for residents for whom more personal individual engagement was more beneficial. Each unit had at least one full-time member of staff designated to ensure the residents enjoyed recreation that was tailored to their capacities and preferences. Activities in the centre included arts and crafts, baking, bingo, movie nights, physical

and memory exercises. Some of the activity therapists were trained in delivering Sonas therapy (a programme of therapeutic activity especially for people with dementia). Occasional trips into the community were organised for small groups of residents, as well as regular sessions out such as a weekly swimming time in local pool. Activities staff members set regular time aside to go to the local shops, letting residents know ahead of time, so that some could come along for the walk or to buy things themselves, or to make requests for items such as snacks, cigarettes, magazines or lottery tickets. Each day's activities were posted prominently in communal areas. Activities therapists kept a record of resident participation with activities, and the level of engagement they had with the session. This record also included when the resident was out with family, chose to stay in bed late, or declined the invitation to attend an activity, to account for days in which a resident did not get involved in activities.

Residents were facilitated to practice their civil and religious rights. Residents who wished to be were registered to vote. Mass was held twice weekly in the centre. For residents who could not or chose not to attend the centre's chapel, the mass was streamed to the televisions on the unit.

Using the QUIS tool, inspectors observed interactions that were positive and connective, with staff engaging each resident according to their needs with eye contact, gentle touch, humour and music. The interactions observed showed good rapport between staff and residents and indicated good staff knowledge with meaningful conversation about the residents' own lives and interests and their family. Inspector also observed some task orientated care during a mealtime in one unit.

There was evidence of consultation with residents and their feedback had recently been sought through satisfaction surveys. The results of this survey were posted on notice boards, which showed the satisfaction levels with aspects of the resident's lived experience such as meals, laundry, living environment and staff attitude. These results were generally positive and the provider had identified and implemented some measures to address any issues identified.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

Findings:

The centre had a clear policy and procedure available to residents and their families related to making complaints. The person in charge was identified as the person

nominated to manage and investigate complaints, and an electronic system was in place for staff on each unit to record and report complaints received for the manager's review. A procedure for independent review was in place for when complaints could not be satisfactorily resolved at centre level.

The provider maintained a clear record of complaints received. This included details of the matter, a record of engagement and correspondence between the provider and complainant, and the outcome and learning gained from the matter when concluded. A record was made of the satisfaction status of the complainant. Verbal complaints, as well as issues which were resolved at unit level, were recorded with the same level of detail and consideration as formally submitted written complaints. This allowed for a more complete record of complaints and identification of recurring subjects of complaints.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers with relevant skills and training to meet the needs of the residents. Inspectors observed that the staff team interacted well with residents and their visitors were pleasant and responsive when they were called on or required.

A planned and actual roster was available. There was a full complement of staff on duty on six of the seven units. Additional staff was acquired during the inspection to cover unforeseen absences that had occurred on one unit. The staff team included clinical nurse managers (CNM), nurses, healthcare assistants, activity, administration, catering and household staff.

The director of nursing was the person in charge and some CNMs were supernumerary to support and advise staff as required. There were staff supervision arrangements described that included a detailed induction process, ongoing supervision of practice and annual appraisal. Staff were able to provide feedback on the supervision arrangements and on what training they had completed in relation to their role and responsibilities.

An ongoing training plan was in place. The provision of mandatory and relevant staff training was evident. Staff spoken with were familiar with the resident group they were supporting, the policies and procedures related to their area of work, and also the importance of effective communication with residents living with dementia and their

families.

There were effective recruitment procedures in place in the centre. A sample of staff files reviewed contained the required records listed in Schedule 2 of the Regulations. Staff recruitment and opportunities for promotion had been developed to address turnover.

A large amount of volunteers were involved in the social and activity programmes operated and maintained by this centre. Those involved on a voluntary basis with the designated centre had their roles and responsibilities set out in writing, received supervision and support, and had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

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 centre had reduced its number of beds in Ryall Unit, and reconfigured and added rooms in other units as part of its obligation to meet a condition added to its registration to guide this work. The works were completed; however no application to remove the condition had been received.

The premises are divided in separate units, which varied in size and were on ground, first and second floors. There were some similarities in décor amongst the majority of units; however two are markedly different from the other both in term of décor, layout and facilities. These two units are Ryall and Grattan.

Ryall Unit on the ground floor was also different from other units as almost all its beds were in shared bedrooms. Residents who lived here mostly had advanced conditions, and features in this unit included direct access to a courtyard garden, and some bay areas had an overhead hoist fitted to improve the resident's transfers. The occupancy in the shared bedroom areas had reduced and this resulted in residents having some additional space around their beds. Many residents in this unit used comfort chairs. Inspectors visited this unit at different time throughout the day and on some occasions noted some odours relating to personal care.

Grattan unit, also on the ground floor, was markedly different from the other units, in terms of décor, layout and facilities. Residents who lived in this area had different

conditions and mixed levels of dependency, and some had cognitive impairments similar to dementia. Inspectors noted that there were items of adaptive equipment stored in bathrooms on the unit, meaning that only one of the three potential bathing areas (two showers and one bath) were accessible to residents. There was a large communal day room on this unit; however it was in use by only a small number of residents. There was a desk structure in the centre of this room, an out of use nurses station, which was now used for storage of books and dvds. This reduced the homeliness of the room.

Drishougue Unit on the second floor was home to residents with dementia. It was different to the other units on the ground and first floor as it was bigger had had not been sub divided. The unit had a very large dining area and a similar sized day room, there was a smaller quieter day room which could be used for residents who required less stimulation.

In Addison, Clonturk, Lindsay, Delville, Coghill and Daneswell Units, all bedrooms were single. Bedrooms seen had sufficient space for the resident's personal belongings, some had pleasant views of the garden, and many had dementia-friendly features. Corridors had handrails to assist residents to mobilise around their unit, and there were white boards used to write up daily orientation information. On many corridors there was seating that residents could use to rest, and the colour scheme consisted of contrasting colours. In some units the dining and day room area were in one space, so had partition walls to divide the space. Some day rooms contained a nurses' station and residents' armchairs were positioned in a u-shape around the nurses' station. This limited residents' ability to be stimulated by windows or other items of points of interest in the rooms.

There were signs to help direct residents around the units; however these were often placed on the walls above eye level.

There were many Dublin inspired scenes painted as murals on walls of the different units and some access doors to units had been painted to depict scenes, which staff reported helped residents to recognise which unit was theirs. Many units had direct access to the garden area on the ground floor, and on the upper floors there were large enclosed balcony areas that residents could use to get some air.

Two lifts serviced the building, and one had been re-decorated as a room, with homely features, to encourage residents with perceptual deficits feel comfortable enough to use it.

Inspectors observed many residents using adaptive equipment on the day of inspection, including wheelchairs and rollators. Some pieces of equipment were observed to require cleaning.

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:

Sarah Carter
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:	Alzheimer Care Centre
Centre ID:	OSV-0000113
Date of inspection:	15/05/2019
Date of response:	09/07/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

A delay in completing a timely nursing assessment and implementation of all learning outcomes following an incident review required improvement.

The prevention and management of falls on one unit had increased and required improvement.

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

Medicine management and reconciliation required improvement.

Records to be maintained to support the rationale for administering a PRN psychotropic medicine did not follow national guidance.

1. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

1. An internal incident review was underway on one unit at the time of inspection but not yet completed. A new falls management plan has since been implemented for new admissions to the unit. Learning has been disseminated to all staff following completion of the review and the recommendations will be discussed in July and overseen by the Quality & Risk Management committee.
2. A new system of administering PRN medication has been introduced since the inspection. Nursing staff are required to double sign to administer a PRN, similar to the practice of administering an MDA medication. Enhanced records of alternatives tried prior to administering PRN's has also been introduced.

Proposed Timescale: 30/09/2019

Theme:

Safe care and support

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

The medicine management systems in place within the centre for reviewing and monitoring medicine management practices required improvement.

2. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

A community pharmacist visits the centre for a half day per week. A refresher training session of the disposal of unused medicinal products policy is being rolled out. Regular stock checks of all medicine trolleys to commence by the pharmacy technician.

Proposed Timescale: 30/08/2019

Theme:

Safe care and support

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

Medicine management oversight and audits were not sufficient to mitigate errors or ensure the ordering, receipt or return of medicines in the centre was maintained in accordance with best practice.

3. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Medication management practices will be audited following implementation of enhanced systems to ensure the practices for ordering, receipt and return of medicines are in keeping with best practice.

Proposed Timescale: 31/07/2019

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:

The provider is required to take all reasonable measures to protect its residents from abuse including having an up to date policy, and measures to oversee staff performance.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Staff are being rotated on days and nights to ensure supervision and their performance is overseen. The Senior social worker is rolling out enhanced training on safeguarding over the coming months and two additional designated officers have been trained. There is also an ongoing safeguarding awareness campaign for staff on internal communications.

Proposed Timescale: 30/09/2019

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:

The Provider was not providing sufficient and accessible bathroom facilities in Grattan Unit.

5. 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:

All three bathrooms are now accessible to residents and an additional bathroom has been commissioned for the unit.

Proposed Timescale: 30/09/2019

Theme:

Effective care and support

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

The storage of equipment in appropriate rooms required review.

6. 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:

A review of storage across the centre has taken place. Additional storage space has been created to ensure appropriate storage of all equipment.

Proposed Timescale: 09/07/2019

Theme:

Effective care and support

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

Some adaptive equipment required cleaning to ensure it was safe to use by residents.

7. 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:

A full cleaning schedule for chairs, wheelchairs and equipment in the centre has commenced. This is a rolling schedule to ensure all chairs and equipment are regularly deep cleaned.

Proposed Timescale: 31/08/2019