

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	AbbeyBreaffy Nursing Home
Centre ID:	OSV-0000308
Centre address:	Dublin Road (N5), Castlebar, Mayo.
Telephone number:	094 902 5029
Email address:	info@abbeybreaffy.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	AbbeyBreaffy Nursing Home Limited
Lead inspector:	Geraldine Jolley
Support inspector(s):	Nuala Rafferty
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	5

About Dementia Care Thematic Inspections

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

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

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

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

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

The inspection took place over the following dates and times

From: 12 July 2018 09:30 To: 12 July 2018 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	Non-Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non-Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non-Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non-Compliant - Moderate

Summary of findings from this inspection

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 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.

Abbeybreaffy Nursing Home is a modern purpose-built single-story premises, that is registered to provide care to 55 residents. The atmosphere was homely, comfortable

and in keeping with the overall assessed needs of the residents who lived there. There were several communal areas where residents could spend time during the day to engage in activity, meet other people or spend time quietly. All areas were noted to be used well by residents at varied times of the day. There were dementia friendly features in place to support residents' orientation and memory and this included signage and items of memorabilia that included displays of china and old style equipment

All residents have an assessment prior to admission to ensure the service can meet their needs and to determine the suitability of the placement. Further assessments are completed following admission and the outcomes are used to develop care plans that guide staff in the delivery of health, social and personal care. The inspectors found that appropriate arrangements were in place to ensure residents had access to primary care services and to specialist gerontology services for older people.

The inspectors met with residents and staff members during the inspection. They tracked the journey of a number of residents with dementia and observed care practice and interactions between staff and residents. Residents described the facilities as pleasant and comfortable. They said they liked the food provided and said they had choices at meal times. There were scheduled activities each day and the inspectors noted that staff knew residents well and ensured that they had access to activity material and were included in activities they liked. However, some activity arrangements required review to ensure that residents could benefit in a meaningful way. For example, residents' experience of the sensory activity in the morning was interrupted frequently by people entering and leaving the room and staff going in and out to store or to access equipment. Participation in other activities was also hindered by the general activity and noise.

The inspectors spent periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule, or (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. Inspectors observed that staff knew the residents well and connected with them on a personal level however there were times when residents had few interactions apart from when assistance was provided. Some staff demonstrated a high level of knowledge of residents' social and care needs. Staff ensured that residents had access to activity material, books and newspapers that were meaningful to them. While there was an appropriate number of staff in a varied skill mix on duty, there were some long periods of time of up to 15 minutes when residents were not supervised and did not have access to staff particularly during the morning period.

The provider had arrangements in place to consult with residents. There were regular residents' meetings. These had been facilitated by volunteers who had completed their commitment and while new volunteers were being recruited the residents' meetings were being coordinated by staff. Inspectors viewed the recorded proceedings and found that residents had positive views of the food and services provided. A list of organisations that provided advocacy services was on display in the centre.

The areas noted to require attention during this inspection are identified under the outcomes reviewed and are described in the action plan at the end of this report. Training on emergency procedures such as the best way to evacuate residents required review as there were inconsistent descriptions of how this would be undertaken conveyed when inspectors interviewed staff. In the sample of care plans viewed some required improvement as they did not convey how factors such as dementia or residents' preferred routines influenced their daily lives which would inform their care.

There were some aspects of the premises that required review. These included:

- Accessible toilets with a handrail on one side only and raised toilet seats that were not secure may not support residents with mobility problems adequately
- The storage of equipment such as wheelchairs and walking frames in one sitting room detracted from the comfort of the area and presented a hazard to residents when the area was not supervised
- Commodes and hoists stored in bathrooms and toilets obscured the toilets and made them inaccessible to residents

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):

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

Findings:

Inspectors found that while resident's wellbeing and welfare was maintained and promoted by regular access to doctors, allied health professionals and specialist services, there were improvements required in the way dementia care needs and associated behaviours were assessed and addressed. There were 50 residents accommodated at the time of this inspection. Two residents were in hospital. Over half of the resident group was assessed as having dementia or confusion. A referral pathway was in place to ensure residents with dementia had access to on-going assessment from the team for old age psychiatry and the gerontology service to ensure optimum health and wellbeing was promoted and diagnostic procedures were available. The provider representative had ensured that residents had access to allied health professionals on a private basis when needed.

Comprehensive assessments were undertaken prior to and following admission. The nurses said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The assessment process included the use of validated tools to assess aspects of residents' health and independence and included nutrition needs, health status, level of cognitive impairment, vulnerability to falls, skin breakdown and weight fluctuations.

Residents told inspectors that their health needs were managed well. They said that they saw doctors and physiotherapists and nurses ensured they followed their instructions. The inspectors reviewed a sample of care plans for residents with dementia. They found that while a range of information was recorded this mainly focused on physical care needs and did not describe how dementia and cognitive impairment impacted on daily life. There was little information on what residents could do for themselves for example if they could undertake personal care independently. There were records of the hobbies, interests and backgrounds of residents however care needs and interventions were usually described in the context of the activities of daily living and the support needed to participate in social activities or to communicate was not described. There was a lack of information on what supports or interventions were in place or explored for a resident who was non-compliant to encourage cooperation and support well-being. Regular refusal of care interventions was not described as an

issue in their care plan and was mentioned only in the context of refusing a regular observation check.

The inspectors were told that families were invited to meet with staff and their relatives to update care plans.

Actions required from the previous inspection relating to care records had been completed. Inspectors saw that there was a daily record that reflected the general well-being of residents maintained by nurses.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly. Residents' weights were also checked on a monthly basis or more frequently if required. 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. Inspectors also noted that individual preferences for food and where residents liked to eat were known and adhered to by staff.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans inspectors were satisfied that residents and their relatives had been given the opportunity to outline choices and expectations regarding end of life care.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SLT), dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that where residents had been referred to these services the results of appointments and recommendation were written up in the residents' notes and transferred to care plans. Many residents with complex care and mobility needs were assessed by occupational therapy services and had assistive wheelchairs to promote their comfort and mobility needs.

Inspectors reviewed a sample of administration and prescription records and noted that medication management practices met good practice standards. Some residents required medication on an "as required" (PRN) basis or in crushed /liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

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:

Staff had received training on safeguarding and how to identify and respond to suspicions or incidents of abuse. There was a policy in place to guide staff actions when assessing, reporting and investigating an allegation of abuse. The person in charge and staff spoken to displayed good knowledge of the different forms of abuse and all were clear on how to report and notify such events. The inspectors assessed the centre to be substantially compliant. Incidents of abuse were found to have been investigated and notified to HIQA and to the local social work team in the Health Service Executive responsible for safeguarding matters. Positive measures were taken by the provider to ensure residents were appropriately safeguarded.

Some residents displayed behaviours associated with dementia and other conditions. The inspectors found that staff had good knowledge on the varied behaviours that presented. There were records of when behaviours occurred and evaluations completed described their frequency however improvements were required in care records as some did not describe the complexity of the behaviour, how it impacted on the resident or other residents and did not guide staff on the interventions that would alleviate or reduce the behaviours for example where residents had periods of shouting or refused personal care. Staff spoken with were familiar with interventions that had proved beneficial to residents and had improved their well-being and these included giving residents time, postponing personal care until residents felt more ready for this and reassuring them about the procedures about to take place. During the inspection staff approached residents in a sensitive and appropriate manner and residents were observed to respond positively to staff contacts. Inspectors saw that additional support and advice were available to staff from the psychiatry and gerontology services.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:

Residents including residents with dementia were consulted and provided with a forum through residents' meetings to convey their views about the service and facilities. The inspectors read the records of residents' meetings and talked to seven residents about

how their views, opinions and rights were addressed. While some residents interviewed were very satisfied with their quality of life in the centre others expressed dissatisfaction with aspects of the service. Some residents felt that staff were dedicated, kind and responded to their needs promptly however other residents said that their personal choices and preferred daily routines were not always adhered to as staff were so busy. For example some residents expressed the view that that staff changes were a concern as they found they had just got used to carers when they left. Other residents expressed the view that activities were not targeted to their varied needs and felt they had few opportunities to go out or to take part in activities of interest to them.

Staff interviewed conveyed good knowledge on the value of emotional support, sensory stimulation and reminiscence when supporting people with dementia. The inspectors observed staff and resident interactions using the Quality of Interactions Schedule, (QUIS). The inspectors found that the quality of contacts varied over the periods observed. During the afternoon, staff were observed to engage with residents frequently and positively reflecting positive connective care. Staff stopped to engage in conversations, they talked about the news, checked how residents were feeling, what programmes they wished to watch on television and made reference too sports events such as the World Cup. They also engaged residents in activities. These positive outcomes were not evident during the morning when interactions were absent or passive and not stimulating throughout the two observation periods. The inspectors observed for example, that there were periods of 15 minutes when residents were alone and without staff interaction or supervision. Some residents were located in a sitting room with sensory equipment however their experience of this was hindered by the level of noise in surrounding areas and people moving in and out of the area including staff as the room was also used to store equipment such as wheelchairs and walking frames.

Staff interviewed were familiar with residents' day to day personal care needs, family backgrounds and interests. The inspectors noted that while information to guide staff practice was recorded in care records this could be more meaningful as the information reviewed did not always describe personal care choices or residents preferred daily routines.

The activity programme was noted to be varied and included group and individual activities that were interactive, sensory or passive as required by residents. Residents told an inspector that games, exercises and discussions about news and local events were scheduled regularly and they enjoyed these. There were books, papers and magazines available for residents. The programme was revised regularly and new activities added to maintain interest the inspectors were told.

The inspectors saw that residents' choices in relation to important decisions such as their end of life care were recorded. Some residents had "Do not resuscitate" in their care records indicating their preference, or a best interest decision, about whether an attempt should be made to resuscitate them in the event of a medical crisis. The inspectors saw that decisions about whether interventions should be attempted were made collectively by people' s general practitioners, family members and nursing staff, where they did not have the capacity to make this decision for themselves. However, the inspectors viewed one record that did not indicate that these decisions had been

discussed and agreed with the resident who had capacity and the right to know about decisions made on their behalf.

The rights of residents to have privacy and dignity were respected with personal care delivered in residents' rooms. There were locks on toilets and bathrooms and residents could see and receive visitor's in private. Residents said that visitors were welcomed and many residents were observed spending time with family or friends during the day.

Judgment:

Non-Compliant - Moderate

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:

A complaints procedure was in place to ensure that the complaints of residents were listened to and addressed. The procedure was displayed in varied locations in the centre. Residents the inspectors talked with said they could talk about concerns or raise issues with staff and conveyed the view that they would be resolved.

The complaints record viewed conveyed that complaints were dealt with promptly and recorded. The outcome was described and if the complaint was resolved to the satisfaction of the person making the complaint. The appeals procedure and the contact details for the Ombudsman's Office were described in the complaints procedure.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors reviewed staffing levels and observed how the staff team were deployed to meet the personal, health and social care needs of residents. A change had been made recently to ensure that nurses were available to supervise varied activities such as meal times and also supervise care staff. The inspectors found from observing the delivery of care, the facilitation of social activity and listening to residents' views that the

deployment of staff required review to ensure that residents were not unsupervised or without access to staff for long periods as evident during the morning of the inspection. From morning until lunchtime there were few opportunities for residents to engage with staff as all were very busy with other residents. There were long periods when both sitting rooms were unsupervised and residents had no interactions or opportunity to discuss their needs. Residents in the reception area had a more positive experience as staff frequently stopped to talk briefly while they were walking through. In the self-assessment the centre was judged to be compliant but the inspectors assessed the staffing arrangements to be substantially compliant.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, infection control procedures and the system for reporting suspicions or allegations of abuse. An induction programme was completed when staff commenced employment and this ensured staff were familiar with the environment, routines, policy and procedure documents.

The inspectors were provided with details of the training that had been provided to staff. There was a comprehensive training and development programme in place and it included topics such as, elder abuse and the protection of vulnerable people, fire safety, infection control, food safety and hand hygiene, end of life care, moving and handling and dementia care.

All staff were up to date with training in the mandatory topics such as fire safety, adult protection and moving and handling. The provider representative, person in charge and staff participating in management all had full time roles and had responsibilities for varied aspects of the service. There were regular management and staff meetings that were used to discuss aspects of practice, governance and management and these were recorded.

Evidence of professional registration for nurses was available and current.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre is a modern building located in a country side setting and is a short distance from the town of Castlebar. The design of the building contributed positively to dementia care practice. Hallways were wide and unobstructed and there was contrast in the colours used for floors, walls and handrails. Residents had a choice of three sitting areas where they could spend time and these areas were noted to be well used

throughout the day. The dining area was spacious, had good lighting and was easy to identify. There were fixtures and fittings that could aid and promote reminiscence in varied areas. One sitting room was decorated in a particularly home like way and had a fire place and a dresser with displays of crockery which were points of interest for residents.

Bedrooms were single or double occupancy. En-suite facilities in bedrooms were readily visible and residents were able to see the outdoors when sitting by windows. Inspectors observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents to bring in personal belongings to remind them of family events and to ensure that their rooms were personal to them. Signage had been provided to help residents find their way around the building and this aided residents to locate facilities such as toilets, sitting areas and the dining room.

A large secure garden was easily accessible and was visible from bedrooms and sitting areas. It was attractively organized and the planting scheme provided interest for residents. Several residents told inspectors that they had enjoyed the garden on fine days were looking forward to getting out during the summer and seeing the shrubs and flowers bloom. Residents said they found the centre comfortably warm and said they enjoyed the privacy of their rooms.

Access to areas that may pose a risk to residents such as the sluice room is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was regularly serviced. The inspectors found that the facilities were suitable to the needs of residents. Staff said that the current arrangement where all residents are integrated together works well for the resident group.

The entrance opens into an open plan sitting area where many residents spent periods of the day. Residents told inspectors that they liked to chat together and to watch the general activity as this was where visitors entered the centre and was also the main access point to the sitting and dining rooms. While the area was large and well-furnished it was very busy and noisy at times due to the constant movement of staff, residents and visitors and the inspectors found that residents watching television or taking part in activities organized in this area were hindered by the noise and activity levels. Three residents interviewed said that the overall noise in this area was difficult to cope with at times. The same issue was evident in the sitting room used for sensory activity during the morning. The inspectors observed the constant movement of staff and residents was distracting and meant that the soft music and sensory equipment could not be experienced in the positive way it was planned.

Other areas that required attention included:

- Accessible toilets with a handrail on one side only and raised toilet seats that were not secure may not support residents with mobility problems adequately
- The storage of equipment such as wheelchairs and walking frames in one sitting room

detracted from the comfort of the area and presented a hazard to residents when the area was not supervised

- Commodes and hoists stored in bathrooms and toilets obscured the toilets and made them inaccessible to residents

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:

At the last inspection the inspectors found that incidents were not reviewed to identify possible causes and to prevent further problems. This had been addressed and the inspectors saw that where residents were vulnerable to falls that they were reviewed by a physiotherapist and by their doctor. A monthly audit of all incidents was completed to identify risk factors and inform prevention measures.

The inspectors discussed fire safety with members of staff. The fire records confirmed the dates of training and of fire drill activity. Staff were familiar with the fire alarm activations and could describe how they would respond when the fire alarm is activated. While there were many appropriate systems in place there was a discrepancy in the information available to guide staff should an evacuation of the centre be required where a resident had complex needs. This could cause confusion for staff and present a risk to both staff and residents. For example, the general evacuation plan indicated the resident was to be removed from their room using a sliding method and the personal evacuation plan on the computer system indicated that the resident required a full hoist and two staff to assist with a transfer to a chair. Neither plan conveyed information about the possible lack of cooperation on the part of the resident which was a regular response that staff had to manage during care interventions. This was discussed with a member of the management team and is to be addressed during future training.

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:

Geraldine Jolley
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:	AbbeyBreaffy Nursing Home
Centre ID:	OSV-0000308
Date of inspection:	12/07/2018
Date of response:	30/11/2018

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

The inspectors reviewed a number of care plans for residents with dementia. They found that while a range of information was recorded this mainly focused on physical care needs and did not describe how dementia and cognitive impairment impacted on daily life. Care needs and interventions were usually described in the context of the activities of daily living and the support needed to participate in social activities or to communicate was not described. A resident's regular refusal of treatment was not

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

recorded in their care plan.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Care plans will be reviewed and will include how dementia and cognitive impairment impacts on the daily life of the resident and include the support needed to participate in social activity and to communicate.

Information from our activity assessments will be incorporated into our care plans.

Proposed Timescale: 21/01/2019 Completed

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:

Improvements were required in care records as some did not describe the complexity of responsive behaviour, how it impacted on the resident or other residents and did not guide staff on the interventions that would alleviate or reduce the behaviours for example where residents had periods of shouting or refused personal care.

2. 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:

As residents needs vary and their behaviour changes staff are trained to respond to the many different types of behaviour. We will review our care plans and include a full description of the complexity of the behaviour, how it impacts on the resident and other residents taking into account our assessments.

Proposed Timescale: 30/01/2019 Completed

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The inspectors observed that there were long periods when residents were alone and without staff interaction or supervision. Some residents were located in a sitting room with sensory equipment however their experience of this was hindered by the level of noise in surrounding areas and people moving in and out of the area as the room was also used to store equipment such as wheelchairs and walking frames.

3. 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:

The support manager will continue to co-ordinate the activities taking into account the wishes and choices of the residents. The personal equipment used daily by the residents will be moved to another location during the activity period in the sitting room. We will seek to in so far as is practical to ensure that there are no persons entering or leaving this area during the activity period. We will continue to consult with the residents and to seek their opinions as to where they wish to have their activity provided within the nursing home. The support manager will continue to supervise and provide interactions with residents in conjunction with other staff members allocated to the day areas.

Proposed Timescale: 1/02/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The inspectors found from observing the delivery of care, the facilitation of social activity and listening to residents' views that the deployment of staff required review to ensure that residents were not unsupervised or without access to staff for long periods as evident during the morning of the inspection. From morning until lunchtime there were few opportunities for residents who were up to engage with staff as all were very busy with other residents. There were long periods when both sitting rooms were unsupervised and residents had no interactions or opportunity to discuss their needs.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

A review of the daily routine has been completed and changes made. Staff have been re-deployed to ensure that the number and skill mix of staff is appropriate to the assessed needs of the residents. The support manager will continue to co-ordinate and review the activity schedule and will engage with residents according to their wishes in line with the review of the daily schedule.

Proposed Timescale: 1/02/2019.

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 use of sitting rooms required review to ensure that residents had comfortable areas to sit into engage in activities and to watch television in comfort. Constant activity and noise in two sitting areas was distracting and intrusive for residents who used these areas throughout the day.

5. 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:

We will seek the opinion of residents again and offer them alternative areas to sit in during the day time. We will seek the opinion of the residents in the foyer area and advise them we would like to change the activity schedule from the foyer area to one of the sitting rooms and we will respect their opinion as to how they would like their day areas used in keeping with regulation 09(3)(d) which states A register provider shall, in so far as is reasonably practical ensure that a resident maybe consulted about and participate in the organisation of designated centre.

Proposed Timescale: 29/01/2019 Completed

Theme:

Effective care and support

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

Premises matters that required attention included:

- Accessible toilets with a handrail on one side only and raised toilet seats that were not secure may not support residents with mobility problems adequately
- The storage of equipment such as wheelchairs and walking frames in one sitting room

detracted from the comfort of the area and presented a hazard to residents when the area was not supervised.

- Commodes and hoists stored in bathrooms and toilets obscured the toilets and made them inaccessible to residents

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:

Handrails have been sourced and are in the bathrooms.

Hoists will be stored neatly so as to avoid them obscuring the toilets.

Raised toilet seats will no longer be used in the main bathrooms.

Commodes not in use will be stored in the store for equipment located at the rear of the nursing home.

Proposed Timescale: 14/11/2018 Completed.

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:

Staff were not consistent in their descriptions of how some residents the centre would be evacuated and this aspect of fire safety needs review during fire training sessions to avoid confusion in an emergency..

7. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

We will again provide training to staff on the method of evacuating residents in the event of a fire and we will continue our monthly fire drills where this is addressed.

Proposed Timescale: 14/11/2018 Completed

