

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Connolly Hospital (Silver Birch & Woodland Units)
<b>Centre ID:</b>	OSV-0000528
<b>Centre address:</b>	Blanchardstown, Dublin 15.
<b>Telephone number:</b>	01 646 5178/ 79
<b>Email address:</b>	margaret.boland1@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	15

## **About Dementia Care Thematic Inspections**

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
23 November 2017 09:00	23 November 2017 18:30
24 November 2017 09:00	24 November 2017 17:00

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

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

**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 and assessed the progress in respect of matters arising from the previous inspection.

Prior to the inspection, the provider self-assessment questionnaire had been completed and forwarded to the Authority for review with associated policies and procedures.

The provider had assessed the compliance level of the centre and in the main, the findings of the inspector did accord with the provider's judgements with the exception of a major non-compliance in respect of the suitability of the premises and providing opportunities for residents with dementia to participate in meaningful

activities.

The inspector met with residents, relatives, and staff members during the inspection to assess the quality of care provided to residents with dementia. Interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff files were examined.

The centre does not have a special dementia care unit but approximately 18 residents with dementia were being accommodated.

Matters arising from the previous inspection were satisfactorily actioned with the exception of the premises (see below and outcome 6).

Overall, the inspector found that the management team and staff working in the centre were committed to providing a quality service for residents with dementia.

Residents' well-being and welfare was maintained by a high standard of evidence based nursing care and appropriate medical care. There was evidence that residents end of life care met their needs in a respectful manner. Processes were in place to ensure that residents with dementia did not experience poor nutrition and hydration. Since the last inspection improvements were made with regard to medication management.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training and was knowledgeable about their duty to protect residents.

There were policies and practices in place about managing responsive and psychological behaviours associated with dementia.

Hazards identified by the inspector primarily in relation to fire safety were actioned during the course of the inspection.

There was evidence from the minutes of meetings that residents were consulted with and participated in the organisation of the centre. They were able to receive visitors in private. It was noted that while there was a programme of social and recreational activities for residents and the inspector observed some residents enjoying a group activity, overall, each resident with dementia did not have opportunities to participate in activities that are meaningful and purposeful to them and which suited their needs interests and capacities.

Staffing levels were appropriate to meet the needs of the residents with the exception of trained care staff to implement the social and recreational activity programme in the absence of the activity therapist.

Overall the design and layout of the centre was not suitable to meet the individual and collective needs of residents with dementia. This was highlighted in the provider's assessment and the current objective is to have a new purpose-built

facility in line with the Health Service Executive's(HSE) capital plan.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

**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:**

The matters arising from the previous inspection regarding residents' health and well-being were satisfactorily actioned. These related to:

- Personal hygiene care plans did not reflect the care which had been given.
- There were no records to show that residents were repositioned as outlined in the care plans.
- Lack of access to a dentist for non-urgent treatments.

The wellbeing and welfare of residents with a diagnosis of dementia were generally maintained to a satisfactory standard through the provision of evidence based nursing and medical care.

The inspector reviewed a sample of residents' nursing and medical records. These records confirmed that residents were assessed prior to admission to the centre.

On admission to the centre each resident's needs were comprehensively assessed with evaluation of a number of risk assessment tools and set out in an individual care plan. Each resident had a care plan completed that identified their needs and the care and support interventions that would be implemented by staff to meet their assessed needs. Care plans described effective positive behavioural strategies for use by staff to manage responsive behaviours.

There was evidence that the end of life needs and wishes of residents with dementia were discussed with them and/or their next of kin as appropriate and documented in a care plan. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway as part of their end of life care.

There was a policy on consent and evidence that it was implemented.

Arrangements were in place where care plans were reviewed and updated on a regular basis. There was evidence of involvement by residents or their next of kin in this process.

In the main, residents in the designated centre were provided with appropriate health and medical care which resulted in unnecessary acute hospital admissions and for those who had to access external care, systems were in place for monitoring the exchange and receipt of relevant information. Documentation/discharge letters from consultants detailing findings were available.

There were assessment and care procedures in place to ensure residents' nutritional needs were met and that they did not experience dietary or hydration deficits. Residents' weights were checked on a monthly basis. Documentation was completed for residents assessed by allied health professionals such as speech and language therapy or/and the dietician referencing their recommendations. Diet and fluid intake records were used as appropriate. Information was available to all staff including catering staff outlining residents' special diets including diabetic, modified consistency diets and thickened fluids. The food is cooked on-site and delivered to the designated centre. There were 2 choices at lunchtime and individual foods were pureed and served. The inspector spoke with the catering staff and manager who currently are sourcing crockery suitable for serving meals to residents with dementia.

The matters arising from the previous inspection in respect of the management of medicines were satisfactorily actioned. These primarily related to:

- The use of PRN (as required) medicines.
- Prescribing/administering crushed medicines.
- Refrigeration temperatures.
- The management of using prescribed nutritional supplements.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs were safe with the exception of administration of medicines to a resident (assessed as being independent) whereby the medicine was left on the resident's bedside table. Details of all medicines administered were recorded by nurses. Medication management audits had been completed.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

The matter arising from the last inspection related to restraint. The inspector found that there was a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of

any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff were clear that any restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There were policies in place about managing responsive behaviours which provided staff with clear guidance for practice.

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff.

Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and following such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

The inspector reviewed a selection of care plans to include residents who displayed responsive behaviour. Staff who spoke with inspector were knowledgeable regarding behaviours and could identify potential triggers. Clear strategies were outlined to support residents to manage behaviours associated with dementia or that focused on a proactive and positive approach. Interventions consisted of redirection, noise reduction, distraction and diversion.

Nursing staff told the inspector that they would always consider the grounds for residents' changed behaviours and would review for issues such as infections and or pain.

Training records indicated that staff were provided with up-to- date knowledge and skills, appropriate to their role to enable them to manage and responsive behaviour.

There was evidence that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication. The inspector saw from documentation recorded that some residents had been trialled on reducing doses of certain medications and for some residents this had been successful. There were some instances where medication had to be increased until a therapeutic level was reached to enhance the well being of residents. Where chemical restraint was used on a PRN (as required basis) there were clear indicators documented that may trigger the use of such medication and the indications of giving or withholding the medications were documented.

There were systems in place to safeguard residents' monies. The inspector examined the system in place to manage small amounts of money on behalf of residents and all transactions were appropriately documented with lodgements and withdrawals co signed by two staff members.

**Judgment:**  
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:**

The matter arising from the previous inspection which related to the annual review not including evidence of consultation with residents and their families had been satisfactorily actioned. There was evidence from the minutes of residents'/relatives' meetings that their views were obtained and acted upon.

Specific measures outlined in the provider's self-assessment questionnaire related to the provision of appropriate visiting facilities and increasing residents' participation in the organisation of the centre.

The inspector saw that there were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in their own bedroom space or in the communal areas. A designated visitor's room had been made available. There was a record of visitors to the centre.

The inspector observed staff interacting with residents in a courteous manner and carried out their duties in a respectful way which promoted residents' privacy. They were calm and reassuring with those residents who became anxious, restless or agitated.

Residents were well dressed and personal hygiene and grooming were attended to by a caring staff team. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time of their preference. Residents had access to their bedroom areas and communal facilities.

Residents were facilitated to exercise their civil, political and religious rights. The inspector was informed that arrangements were made for residents to vote in local elections. Residents were satisfied with opportunities for religious practices.

From an examination of documentation the inspector saw that residents' social care needs were assessed and a programme of activities were scheduled. The activity schedule advertised group activities arranged for the mornings and afternoons and individual sessions were scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities. Activities included music, board games, arts and crafts, gardening, exercise to music, reading, reminiscence, poetry, watching television and hand massages.

Two designated activity staff members who are rostered to work at alternative times to each other have responsibility for leading and delivering the social activity programme in the two units of the centre. However, due to leave neither staff member were on duty.

The inspector 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 observation period took place in the afternoon in each of the communal sitting rooms in each unit.

The definition of the scoring for the quality of interactions for the period observed is as follows: –

- +2 positive connective care – the facilitation of meaningful interaction and engagement with residents.
- +1 task orientated care – the provision of kind physical care, whereby interactions/conversation is more instructive.
- 0 neutral care – the delivery of services is passive and not stimulating.
- -1 protective and controlling – provision of individual care with the emphasis on safety and risk aversion.
- -2 institutional care – regarding residents as a homogeneous group who will fit into the established routine of the designated centre/home.

The scores reflect the effect of the interactions between staff and residents for the majority of residents.

In one unit there was no organised activity and the findings were as follows:

- 50% of residents were regarded as a homogeneous group who fitted into the established routine of the designated centre.
- 33% of residents were provided with individual care with the emphasis on safety and risk aversion.
- 17% received a service that was passive and not stimulating.

In the other unit there was an organised activity and the findings were as follows:

- 83% of residents experienced positive connective care as staff interacted and engaged with the majority of the residents.
- 17 % of residents experienced positive interactions in respect of task oriented care.
- None of the resident experienced neutral care.

The inspector observed that a number of residents with dementia who preferred their bedroom space as opposed to using the communal space where the group activities took place experienced neutral or task orientated care. These residents were not assisted to participate in social and recreational activities to improve and maintain

memory function.

The inspector was informed that some residents had a life story book which had been compiled by family and staff, however all residents had not engaged in this activity.

Contacts with the community were supported, for example a resident was going home overnight to stay with a relative.

In one of the units the outdoor area for residents was unattractive while in the other unit the garden was safe, accessible and interesting.

During the tea time period staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the residents to whom they were giving assistance and were patient and gently encouraged the residents throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. The quality of interactions were found to be person centred.

**Judgment:**

Non Compliant - Major

***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:**

The complaint's policy was in place and the inspector noted that it met the requirements of the regulations.

The complaints procedure was on display in the unit.

There was evidence from records and interviews that complaints were managed in accordance with the policy.

Issues recorded were found to be resolved locally at unit level or formally by the complaints officer as appropriate. The process detailed the investigation and action taken. The outcome of the complaint was recorded as being resolved and there was information regarding whether the complainant was satisfied or not.

A record of complaints was maintained. However, the inspector observed that there had been no complaints documented since 2015. The clinical nurse manager told the inspector that she endeavoured to resolve complaints locally.

Satisfaction surveys reviewed by the inspector indicated that relatives found that the

management and staff were approachable if they had a complaint.

**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:**

The matter arising from the previous inspection which referred to health care assistants and household staff not having any form of formal supervision had been addressed.

There was a clear organisational structure and reporting relationships in place.

Designated clinical nurse managers (CNMs) were available in each of the units for the supervision of staff and care and service delivery to residents. A CNM had just recently taken up this position in the Silver Birch unit. There were a variety of meetings scheduled in order to ensure that staff of various grades had appropriate knowledge to deliver services to residents. These included staff and performance management meetings and handover meetings at the change of shifts.

The recruitment procedures in place were satisfactory. This process included induction and probationary periods for staff. Documentation in relation to staff working in the designated centre was maintained by the human resources department located in the hospital grounds. Confirmation was provided that all staff members had been appropriately vetted.

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents with the exception of not having a designated activity staff member, or in the absence of this staff member, trained care staff to implement appropriate social and recreational activities to meet residents' needs.

There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the day of inspection was reflected in the roster.

The inspector found that while there were opportunities for staff to participate in education and training relevant to their role and responsibility some staff had not completed necessary dementia training but this was being scheduled. Mandatory training was in place and staff had received up to date training in fire safety, moving and handling and safeguarding vulnerable persons.

The staffing arrangements provided for the supervision of residents in communal rooms and staff who communicated with the inspector were knowledgeable of residents' conditions and preferences.

Volunteers were in the centre at the time of the inspection and they confirmed that their roles and responsibilities were set out, that they received supervision and support and were vetted in accordance with the appropriate legislation.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The matter arising from the previous inspection related to the lack of having an assisted bath in one of the units (Woodlands). This matter has not yet been actioned but will be addressed in the HSE plans for the designated centre.

Both units had assisted showers and shower trolleys had been purchased but residents found them uncomfortable. Two tilt chairs had also been purchased. Records reviewed showed that maximum dependent residents were being offered a shower and if a shower was not their preference this was recorded in their personal hygiene care plan. Staff told the inspector that if these residents were not receiving a bath or a shower they had a full bed bath and hair washed weekly and more often if required.

The designated centre consists of two separate individual units (Woodlands and Silver Birch) located a short distance from each. The centre is registered for 40 residents, however, on the day of the inspection 25 residents were being accommodated (12 residents in Woodlands and 13 residents in Silver Birch). There were 15 vacancies.

Silver Birch has four 4 bedded rooms and four single rooms, dining room, day room family room and bathing facilities. It accommodates male and female residents. Woodlands has five 4 bedded rooms, a single room which is used for end of life care, a lounge, dining room and a family room. Accommodation is primarily for female residents.

Overall, the facilities do not meet residents' needs, however, the HSE has already communicated formally with the Authority stating that a new purpose-built facility community nursing home will be developed in line with the HSE capital plan by 2021.

Due to the reduction in admissions some of the four bedded units are not operating at full capacity and this has provided more space for residents to ensure that their privacy, dignity and well-being is promoted. This has also assisted in providing residents with more storage space for their personal belongings which included a lockable unit.

The design of the centre was such that there was a long corridor with bedroom and communal accommodation located off the corridor. The walls were painted a light colour and all of the doors had the same light coloured finish with the result that there were no contrasting colours to promote independent access for residents and signage was not clear in all instances.

The layout of the single bedrooms was observed to meet the needs of residents.

A number of the bedrooms spaces were not personalised. Only one resident was being accommodated in a four bedded room and lack of colourful decorative wall hangings, bright furnishings and fittings made the bedroom area uninviting. The inspector noted there were no items of personal furniture for example armchairs and dressing tables nor colourful textured three dimensional wall paintings. In general, the bedrooms were clinical in style and did not reflect evidence-based dementia care principles in their design and layout.

The inspector noted that in a four bedded room accommodating one resident the television was not working and was positioned at a vacant bedside space.

Each resident's personal space was defined by a screen curtain used for the purpose of providing them with privacy. The inspector observed that many residents in these multi-occupancy bedrooms had personal ornaments and photographs displayed on a shelf or window sill in close proximity to their beds. These shelves were beyond most residents' easy reach. Screen curtains for each bed were the same colour. Bedspreads were of a common colour in each of these bed spaces.

The centre was warm and clean. The corridor was fitted with handrails to promote residents' independence and safety when mobilising.

The communal sitting/dining rooms were spacious. The outdoor space of Woodlands was attractive, accessible and interesting to look out unto but the external grounds of Silver Birch were not designed for residents with dementia.

**Judgment:**

Non Compliant - Major

## 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:***

Siobhan Kennedy  
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 report<sup>1</sup>

<b>Centre name:</b>	Connolly Hospital (Silver Birch & Woodland Units)
<b>Centre ID:</b>	OSV-0000528
<b>Date of inspection:</b>	23/11/2017
<b>Date of response:</b>	20/12/2017

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Medicinal products were not administered in accordance with the directions of the prescriber.

#### **1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medication left on a patient's bed table is now ceased.

**Proposed Timescale:** 20/12/2017

**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:**

All residents were not provided with opportunities to participate in activities in accordance with their interests and capacities

**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:**

Activities Nurse and HCA provides activities to our residents. Occupational therapist also liaises with the activities nurse and assesses resident's abilities to partake in activities.

In the absence of the activities nurse, the staff will partake with meaningful activities in order to maintain memory function.

**Proposed Timescale:** 20/12/2017

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Appropriate training was not provided to care staff to deliver a social and recreational activity programme to residents in the absence of the designated activity staff member.

All staff had not yet participated in dementia training.

**3. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training will be provided to all staff (2day training programme) over the next year.  
Will involve on site talks with CNS in Dementia.

Proposed Timescale: 8 staff will have the 2-day Dementia programme completed by 31 May 2018. In May there will be 50% of staff trained.

**Proposed Timescale:**

**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 premises did not conform to the matters set out in schedule 6.

The bedrooms were clinical in style and did not reflect evidence-based dementia care principles in their design and layout.

**4. 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:**

Proposed Timescale: This will be addressed within the HSE plans by 2021.

**Proposed Timescale:**