**Centre name:** St Pappin's Nursing Home  
**Centre ID:** OSV-0000178  
**Centre address:** Ballymun Road, Ballymun, Dublin 9.  
**Telephone number:** 01 842 3474  
**Email address:** stpappins@silverstream.ie  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** St Pappins Partnership  
**Lead inspector:** Ann Wallace  
**Support inspector(s):** Deirdre O'Hara  
**Type of inspection**  
**Unannounced Dementia Care Thematic Inspections**  
**Number of residents on the date of inspection:** 53  
**Number of vacancies on the date of inspection:** 1
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

<table>
<thead>
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<tr>
<td>17 April 2019 09:00</td>
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<tr>
<td>17 April 2019 10:05</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self-assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Non-Compliant - Moderate</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non-Compliant - Moderate</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Substantially Compliant</td>
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Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information. Prior to this inspection the provider had completed a self-assessment questionnaire in relation to their service for residents with dementia. This inspection found that
their compliance had improved in five of the six outcomes in relation to dementia services. However this inspection found that improvements were still required in relation to premises, care planning and food and nutrition. In addition the inspectors found that improvements were required in relation to infection control practices in the centre.

There was a clear management structure in place. The person in charge is a registered nurse who works full time in the centre. She was well known to residents, families and staff.

The centre's quality management system monitored care and services and there was clear evidence of changes being made in response to audit findings. There was a complaints policy in place and residents and families reported that they felt able to raise any concerns or issues that they might have with staff and managers.

Residents appeared comfortable with staff and expressed high levels of satisfaction with the care and services that were provided for them. Those residents who were unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

The inspectors found that there were sufficient numbers of staff on duty on the day of the inspection and that the staff on duty matched the planned rosters. Most staff had attended training on dementia and managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Care and services were found to be in line with the centre's statement of purpose. The inspectors found that residents had good access to a range of health and social care services to meet their ongoing needs. Staff were knowledgeable about individual residents' needs and preferences for care and care was found to be person centred. However inspectors found that some care plans did not provide sufficient detail about the individual resident's self-care abilities and preferences for care and daily routines.

Overall the premises were designed and furnished to offer resident's comfortable accommodation. A number of improvements had been made to the premises since the last inspection; for example the nurse's station and two seating areas had been relocated on each floor to ensure that when residents were accessing the communal bathroom they were not travelling through a highly populated area of the centre. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. Communal areas were comfortably furnished and were well used by residents on the day of the inspection. The residents had access to a secure courtyard garden which was nicely laid out with safe paving and seating. The centre had benefited from a programme of redecoration and refurbishment following the last inspection however inspectors found that better use of appropriate signage, colour contrast and points of interest would facilitate residents with cognitive impairments to navigate the premises more easily.
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 each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care and appropriate health and social care services. These included; physiotherapy, occupational therapy, dietitian, speech and language therapy, mental health services and chiropody. The in-house physiotherapist worked with nursing and care staff to provide multi-disciplinary assessments for residents in relation to specialist equipment and falls prevention care plans.

Residents were seen regularly by their general practitioner (GP). The GP reviewed each resident's medication every three months or if their health changed. Out of hours medical services were organized for after 6 pm and at weekends. Improvements had been implemented since the last inspection to ensure that where a resident or their relative wished to see the GP that this was facilitated by nursing staff. Specialist medical services were available including psychiatry of later life. Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

Dental and optical services were accessed for residents in order to maintain their optimum health and independence. However inspectors found that a referral for dental treatment for one resident had not been completed in a timely manner. This was addressed by nursing staff following the inspection.

Health promotion services such as the annual flu vaccinations were made available for residents to ensure that potential health problems could be prevented. Those residents who were eligible to participate in the national screening programmes were facilitated to do so.

Inspectors reviewed a sample of resident's records and care plans. Records showed that each resident had a pre-admission assessment prior to their admission. These assessments were carried out by the person in charge (PIC) or other senior nursing staff. The assessments included the person's cognitive needs, history of responsive behaviours and social care needs as well as their physical needs. This helped to ensure
that the centre could meet the resident's needs in a person centred manner and that a good resident/home fit was achieved.

Following admission the assessment information was reviewed by nursing team and the information was used to develop a care plan with the resident and/or their representative. Overall care plans were clearly recorded and reflected each resident's current needs however this was not consistent. The inspectors found that some care plans did not provide sufficient information about the resident; for example whether the resident had good vision, poor vision or if the resident wore reading glasses, and were not sufficiently detailed to guide care. Inspectors also noted that some care plans did not include sufficient information about the resident's preferences for care and daily routines. Although regular care plan audits were carried out in the centre inspectors noted that these issues had not been identified.

Care plans were reviewed every four months or more often if the resident's needs changed and there was clear evidence that the resident and/or their representative were involved in the review.

Records showed a good level of recording in relation to each resident's daily progress and of the care given. These records were well maintained and kept up to date throughout the day. Nurses checked the information regularly which helped to ensure that any changes in a resident's health or well-being were detected promptly and managed pro-actively.

Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening details and information following clinic appointments were well maintained and easily accessible.

There were systems in place to ensure residents' nutritional needs were met, and that fluid and dietary input was recorded for those residents who were identified as being at risk. Residents' weights were checked monthly or more often if significant weight loss was detected.

Residents were offered a choice at meal times. Menus were available however pictorial menus were not available and it was not clear how those residents who were not able to understand the written format were offered choice in the meal options. In addition inspectors noted that there was no choice offered to those residents on textured diets. Textured meals were well presented and portion sizes varied to meet the resident's needs and preferences. However some staff assisting residents to eat their meal were observed mixing all the items on the plate together without checking with the resident first. In addition textured meals were served some time before the normal diets were served and as a result residents who were sat at the same table were not eating at the same time.

Residents who preferred to take their meals in a quiet space or who needed more support and supervision were assisted to take their meals in the lounge areas. Staff were available to offer discreet encouragement and support for these residents. Residents having their lunch in the dining room told the inspector that they had enjoyed their meal and that there was always plenty of choice on the menus.
Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were appropriate measures in place to protect residents with dementia being harmed or suffering abuse. The designated centre had clear policies and procedures in place for the prevention of and responding to allegations of abuse. The policy had been disseminated to all staff in the designated centre.

Records showed that all staff working in the centre had attended training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspectors were clear about their responsibility to keep residents safe and knew how to report any concerns or allegations in relation to abuse. Records showed that all staff working in the centre had Garda vetting in place. There were no volunteers working in the centre at the time of the inspection.

Residents and their families told the inspector that they felt safe in the designated centre. Residents said that staff were kind and respectful and that they could always talk to somebody if they had any concerns or complaints. The inspectors observed that those residents who were unable to verbalise their thoughts appeared comfortable when staff were interacting with them and did not exhibit behaviours associated with fear or distress.

Records showed that where a concern was raised that this was investigated by the person in charge and appropriate steps were carried out to keep the residents safe. There were clear systems in place to store and safeguard resident's monies. Where the designated centre did store money on behalf of the resident arrangements were in place to ensure that the resident had access to their funds when required.

There were clear policies and procedures in place for working with residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff received training in how to support and understand those residents who displayed responsive behaviours. As a result staff demonstrated knowledge and skills in this area.

Staff knew the residents well and were able to articulate the potential triggers for each resident's behaviours. Records showed that efforts were made to identify and alleviate the underlying causes of responsive behaviours and psychological symptoms associated
with living with dementia. Staff were respectful in their approach to those residents who became agitated or who displayed responsive behaviours, providing positive reassurance and support for residents at these times.

**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:**
Inspectors found that each resident's privacy and dignity was respected. The actions from the previous inspection had been completed.

Residents with dementia and cognitive impairments were facilitated to communicate and to exercise choice and control over their daily routines and care services. However some improvements were required to ensure that these residents were provided with information about choices in a format that they could understand; for example the activities programme and menu options.

Residents had access to an advocacy service. Information in relation to advocacy was made available for the residents. In addition the person in charge organized the service for those residents who needed help to advocate for their rights but who did not have the cognitive skills to do so effectively.

The centre's routines, care practices and facilities were found to encourage resident's independence. Residents who spoke with the inspectors said that they were able to make choices about how they spent their day, when and where they ate their meals and about what time to get up and go to bed.

Inspectors observed that residents' rights, privacy and dignity were respected when staff were providing personal care in the resident's bedroom or in bathrooms, for example; knocking on doors before entering and explaining care interventions with the resident before commencing the activity. Staff demonstrated good interpersonal and communication skills using touch, eye contact and calm reassuring tones of voice to engage with residents.

The centre had an open visiting policy. Visitors were made welcome and were encouraged to participate in the resident's life in the centre. Several visitors were observed meeting with residents in the centre and taking residents out to local shops.
and appointments. The visitor's room on the ground floor provided a pleasant quite space for residents to meet with their visitors in private.

Facilities for occupation and recreation had increased since the previous inspection and more activities were on offer at weekends and bank holidays. The activities programme included group and 1:1 activities that were suitable for those residents who had cognitive impairments. Activities staff had attended specialist training in providing meaningful activities for residents living with dementia. Residents were encouraged to participate in the activities and entertainments that were on offer but where a resident declined this were respected by staff. Inspectors found that documentation in this area needed to improve as there were no clear records of each resident's attendance at activity sessions and their levels of participation in those they did attend. In addition some residents did not have a comprehensive assessment of their needs for social activities and engagement. As a result staff were not able to monitor whether the resident's needs in this area were being met.

The designated centre is part of the local community and residents enjoyed visiting groups from the local schools, churches and voluntary groups. In addition there were regular entertainments booked from musical groups and singers. Residents had access to television and radio in their rooms and in the communal areas. A number of the staff lived locally and were heard chatting with residents about local events and news. In addition staff used their local knowledge to stimulate reminiscence chats with those residents who enjoyed talking about events and people they could recall from their past lives.

**Judgment:**
Substantially Compliant

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**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:**
There was a comprehensive complaints policy in place. The process included an appeals procedure. Residents and their families/representatives were informed about the complaints procedure on admission. The procedure was displayed in a prominent position in the entrance to the centre.

Formal complaints were recorded in the complaints log and were being managed by the person in charge. Complaints were addressed promptly, and there were records available to document the outcome and satisfaction of the complainant.
Residents and families who spoke with the inspectors said that they could speak to staff and managers if they had any concerns or complaints.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Inspectors found that there were sufficient staff with appropriate knowledge and skills to deliver care and services in line with the designated centre’s statement of purpose. Staff rosters matched the staff that were on duty on the day of the inspection.

Staffing levels were monitored to take into account the changing needs and dependencies of the residents. For example the provider had recently introduced an extra 8am to 2pm carer in order to support extra supervision for residents on the ground floor unit. Records showed that part-time staff were available to fill unexpected absences and agency staff were not used in the centre. This helped to ensure continuity of care for residents from staff who knew them well.

The centre had a comprehensive mandatory training programme in place which included fire safety, safeguarding of vulnerable adults, infection control and moving and handling. Staff were also provided with specialist training in key areas such as nutrition, dementia care, responsive behaviours, end of life care and person centred care and support. Records showed that staff were up to date with their training requirements. Staff confirmed that they had attended dementia training and that this had informed and improved their knowledge and skills in caring for residents living with dementia.

Nursing and care staff were supported and supervised in their work by the clinical nurse managers who worked on each floor. In addition the person in charge and the assistant director of nursing were available Monday to Friday.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
### Effective care and support

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<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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### Findings:

The inspectors found that overall the premises provided a safe and suitable environment for residents with a variety of needs whilst maintaining a homely and welcoming environment. A number of improvements had been made since the last inspection; for example the nurse's station and two seating areas had been relocated on each floor to ensure that when residents were accessing the communal bathroom they were not travelling through a highly populated area of the centre. In addition the locks on all bathroom doors were in working order and had been checked and maintained in working order since the last inspection.

The designated centre's current registration includes a condition under which the provider is required to complete a planned extension and refurbishment by the end of December 2020. This inspection found that the refurbishment had been completed as described above. However the planned extension had not progressed in line with the schedule of works submitted to the office of the Chief Inspector following the previous inspection.

The designated centre is situated in a converted church building in North Dublin. The building has been extended and adapted to provide the current accommodation for 54 residents over three floors. The centre is close to local shops and amenities and is accessible by public bus routes. Car parking is available to the front of the premises accessed via a security gate.

Bedroom accommodation is provided in a mixture of single en-suite, twin and multi-occupancy bedrooms. Communal bathrooms including wheelchair accessible shower facilities are provided on each floor. Shower and toilet facilities are fitted with grab rails and specialist equipment to ensure the safety and comfort of the residents. Bathrooms and toilets were clearly signed to enable residents to locate them independently or with prompting from staff.

Bedrooms were warm and comfortable and provided wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it. Residents are encouraged to personalize their bedroom space with pictures and photographs to reflect their life and their hobbies and interests and a number of bedrooms included memory prompts such as wedding and family photographs. Staff and visitors were observed using these items to stimulate memories and discussions with residents in these rooms. However inspectors noted that the multi-occupancy rooms did not have the same levels of personalization and as such did not reflect the resident’s life history and personal interests.

Communal areas were nicely decorated and comfortably furnished. The communal lounges provided television, radio and a music system for residents. These areas were
used for group activities and musical entertainment on the day of the inspection. The lounges provided comfortable seating for residents and offered views over the grounds to the front and sides of the building. Inspectors noted that the layout of two lounges did not encourage social interactions between the residents as the seating was arranged around the perimeter of the rooms.

There was a pleasant visitor’s room on the ground floor where residents could sit with their visitors in private. The room was nicely decorated and comfortably furnished. It provided a pleasant view over the courtyard garden. This room was well used by residents and their families throughout the inspection day.

Residents were observed mobilizing around the centre either independently or with the support of staff. Floorings were non-slip and grab rails were available along hallways and corridors. Corridors were wide enough to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Points of interest included photographs of local landmarks, collages of recent events in the centre and a bird cage. The mezzanine lounge on the first floor included a replica post office complete with An Post signage and post box. Residents were able to use these features to help them orientate themselves to the building. The inspectors noted that navigational aids for residents with dementia could be further improved through more use of this type of feature and better use of colour contrast to highlight different areas of the premises.

There was an enclosed courtyard garden which was accessed from the ground floor. The garden was nicely set out with accessible pathways and seating. In addition there was a covered shelter for those residents who wished to smoke. Residents and their visitors made good use of the garden on the day of the inspection. Other residents and visitors chose to sit in the visitor’s room and enjoy the garden views. Residents who spoke with the inspector said that staff were available to walk outside with them in the afternoons if they wished to outside space.

Judgment:
Substantially Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
The inspectors found that infection control procedures in the centre required significant improvements. These improvements related to
1. The appropriate storage, labelling and use of personal toiletries.
2. Uniform policy
3. The separation of clean and dirty laundry during personal care procedures.
4. The safe disposal of used continence wear.
The inspectors observed that care staff were not following the centre's policies and procedures in relation to the above issues. In addition, the failure to follow correct infection control procedures had not been identified and managed by nursing staff working on the units. These issues were addressed by the provider and person in charge during the inspection and appropriate measures were put in place to improve compliance in these areas.

Judgment:
Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000178</td>
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<tr>
<td>Date of inspection:</td>
<td>17/04/2019</td>
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<tr>
<td>Date of response:</td>
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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:
1. Some care plans did not provide sufficient information about the resident; for example whether the resident had good vision, poor vision or if the resident wore reading glasses, and were not sufficiently detailed to guide care.
2. Some care plans did not include sufficient information about the resident's preferences for care and daily routines to guide person centred care.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
1: All care plans now provide sufficient information about each resident that will guide care. These care plans will be reviewed and audited on a monthly basis.
2: All care have been reviewed and now include sufficient information to ensure it is person-centred and will guide care.

**Proposed Timescale:** 07/06/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
1. It was not clear how those residents who were not able to understand the written format were offered choice in the meal options.
2. Inspectors noted that there was no choice offered to those residents on textured diets.

2. **Action Required:**
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

**Please state the actions you have taken or are planning to take:**
1: New menus that are picture based are in the process of been drawn up. This will be completed by 31st July 2019
2: A choice is now available to all residents on a textured diet.

**Proposed Timescale:** 31/07/2019

**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:**
1. Improvements were required in how each resident's social care needs, abilities and preferences for meaningful activities were assessed and recorded.
2. There were no clear records of each resident's attendance at the activities and their levels of participation in those they did attend as a result staff were not able to monitor whether the resident's needs in this area were being met.
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:**
1: The PIC and activity coordinator have agreed a process that will ensure that residents participation and experience of activities is recorded into their care plans. The care plan will include what activities are each residents preference.
2: Records are now in place and staff are now in a position to monitor that the residents needs are met.

**Proposed Timescale:** 07/06/2019

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required to ensure that residents with communication difficulties were provided with information about choices in a format that they could understand; for example the activities programme and menu options.

4. **Action Required:**
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

**Please state the actions you have taken or are planning to take:**
New menus that are picture based are in the process of been drawn up. This will be completed by 31st July 2019.
A clear and accessible Activity schedule poster is now available in the home that guides residents using a combination of pictures and words so that they can understand what is on offer in the home.

**Proposed Timescale:** 31/07/2019

**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:**
1. Navigational aids for residents with dementia could be further improved through more use of features along corridors and colour contrast to break up the spaces.
2. The layout of two lounges did not encourage social interactions between the residents as the seating was arranged around the perimeter of the rooms.
3. The multi-occupancy rooms did not have the same levels of personalization found in the single rooms and as such did not reflect the resident’s life history and personal interests.

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:
1. A Dementia Design Audit was carried out, the corridors in St Pappins are strong on Design for Dementia principals with good lighting, contrast and lots of tactile wall hangings. We will review the type of signage used and try to improve on it with consistent stronger contrasting graphics as well as words. We will also look at installing some definite points of interest in the form of wall mounted ornament pieces or large plants that will aid wayfinding.
2. A seating review will took place and all staff will be encouraged to create little clusters of seating in the lounges. To encourage residents preferences and their activities. Staff will review each lounge at the beginning of the day and set it up for the residents.
3. There are cork notice boards in the multi occupancy rooms for personalisation and life stories. Through chats with residents and families staff can identify images or items for display that reflect the resident’s life history and personal interests. The residents and their families are encouraged to bring in items and complete their life stories booklet which can aid staff to personalise the area for each resident.

Proposed Timescale: 31/07/2019

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:
1. Personal toiletries and creams were being stored and used as multi-dose items. A number of containers were not labeled with the product name and date of dispensing.
2. Staff did not follow the centre's uniform policy in relation to wearing jewelry when giving personal care.
3. The separation of clean and dirty laundry during personal care procedures was not adequate and did not follow good infection control principles.
4. Staff did not follow correct procedures in the safe disposal of used continence wear.

6. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.
Please state the actions you have taken or are planning to take:
1: Residents personal toiletries are in their own room. Those in a sharing room these are stored in their locker and are labelled with their name.
2: All staff as per our employee handbook staff are to follow the uniform guidelines. This will be re enforced by the management within the home.
3: A full infection control Audit has taken place and training has been provided to care and auxiliary staff to ensure that they follow good infection control principles. Particular emphasis was placed on the management of clean and dirty laundry and a new laundry standard operating procedure is now in place for management of the laundry.
4: Staff have received training as part of the Infection control review on the safe disposal of used continence wear.

**Proposed Timescale:** 07/06/2019