

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Talbot Lodge Nursing Home
Centre ID:	OSV-0000182
Centre address:	Kinsealy Lane, Malahide, Co. Dublin.
Telephone number:	01 846 2115
Email address:	
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Knegare Nursing Home Holdings Ltd T/A Brookhaven Healthcare
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Manuela Cristea
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	99
Number of vacancies on the date of inspection:	13

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 Monitoring Compliance This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 August 2019 09:00 To: 01 August 2019 18:30

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

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

Summary of findings from this inspection

This report sets out the findings of a dementia thematic inspection, which focused on specific outcomes relevant to dementia care in the centre. Inspectors followed up on the action plans from the previous inspection and found they had been addressed.

Inspectors found residents with dementia were well cared for in this centre. They were involved in decisions about their care and had a say in all aspects of their life. The centre does not have a dementia specific unit, residents with dementia live in all three units of the centre.

Prior to the inspection, the provider completed the self-assessment questionnaire in relation to six outcomes. The self-assessment and inspection judgments are set out on the table above these and relevant policies submitted prior to the inspection were reviewed by the inspectors.

There were a total of 99 residents in the centre on the day of inspection: 24 residents were assessed as maximum dependency needs, 28 had high dependency needs, 21 had medium and 26 residents had low dependency needs. 43 residents had a formal diagnosis of dementia and 26 other had suspected dementia and a level of cognitive impairment. Nine residents were using bedrails.

Inspectors reviewed the assessed care needs of residents and tracked the journey of a sample of four residents with dementia within the service. Inspectors met with residents, relatives and staff and reviewed documentation such as nursing assessments, care plans and medical records. Inspectors also observed care practices and interactions between staff and residents who had dementia using a validated tool.

The person in charge of this centre was being supported by the new provider and general manager and persons in charge from other registered centres owned by the same provider. The staffing levels and skill-mix were good. Residents received a good standard of care from a team of well-trained staff. They said they were treated with respect and dignity at all times.

Residents' said they felt safe and secure living in the centre. There was little restraint in use and those displaying responsive behaviours had assessment and care plans in place, although these could include more detailed information.

Residents liked living in the centre some referred to it as home. They had access to activities, which reflected their interests and met their needs.

The premises met the legislative requirements. The centre was bright, airy and homely in appearance. Further refurbishment was required to maximise the potential of the building to create an environment which suited residents with dementia. The new provider was aware of this and had engaged the services of an architect to enhance the environment. Residents were involved in planning refurbishment of the garden area.

The action plans at the end of this report reflect the issues to be addressed.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and health and social care services. However, improvements were required to ensure that medicine practices in the centre were in line with best practice and that all nursing staff followed the correct policy and procedures when administering medicines.

Inspectors tracked the journey and reviewed specific aspects of care such as care planning, nutrition, wound care, admission and discharges, medicine practices and the end-of-life care.

Each resident with a diagnosis of dementia had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were completed with input from residents and or their families. On reviewing the documentation, inspectors were satisfied that each resident had been assessed prior to admission to ensure that the designated centre could meet their needs. Following admission a further comprehensive assessment was completed by the nursing staff which informed the care planning for the resident. This assessment process involved gathering information and using validated tools to assess each residents' risks in specific areas such as falls, skin integrity, malnutrition, moving and handling and personal emergency evacuation plans.

Care plans were found to be person-centred; they included residents' current needs, interest and capacities and were regularly reviewed and evaluated by the nursing staff. The staff on each unit was familiar with residents' needs and the inspectors found that care was delivered in accordance with agreed care plans. While nurses coordinated the care planning, the health care assistants logged information on a computer system in relation to the actual care received by residents. These records were well-maintained and kept up to date throughout the day. Whereas the daily progress notes were recorded twice daily, inspectors found they were not always documented in a person-centred manner, particularly in reference to episodes of responsive behaviour.

Residents had good access to a range of health and social care services to meet their needs. These included occupational therapy, physiotherapy, dietitian, speech and language therapy, community mental health services and palliative services as required. Access to dental, chiropody, audiology and optician was also facilitated to ensure the residents maintained their optimum level of independence. Residents who were eligible to take part in the national screening programmes were facilitated to attend if they wished to participate.

Residents could access a general practitioner (GP) of their own choice, who visited the centre on a regular basis. Out of hours medical service was also available. Records showed that referrals were made appropriately and where specialist interventions were prescribed these were implemented by nursing and care staff.

Documentation in respect of residents' healthcare was comprehensive and up to date. There were copies of discharge letters and correspondence from hospitals. Where residents were transferred to another healthcare facility appropriate information was communicated in respect of resident's personal information, clinical details and medicines.

At the time of inspection, none of the residents in the centre was dying or receiving input from community palliative services. However, in accordance with best practice, the inspectors saw evidence of comprehensive end-of-life care planning arrangements, which included consultation with residents and families. The care plans contained details regarding residents' physical, psychological and spiritual needs as well as their preferences and wishes in relation to place of death. Advanced directives signed by the GP and discussed with resident and relatives were in place and regularly reviewed.

The nutrition and hydration needs of residents with dementia were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked on a monthly basis or more frequently where indicated. Systems were in place for recording residents' nutritional and fluid intake where required. The nutritional care plans outlined the recommendations of dietitians or speech and language therapists involved in residents' care and the inspectors found that residents were receiving appropriate foods as per assessment. Food was prepared on site and was found to be wholesome and nutritious. The food menu contained a variety of options and included choices for residents who required textured diets.

Residents told the inspectors that they enjoyed their meals and they could ask for something else if they did not like what was available on the menu. Residents could also choose to have their meals in their bedrooms, and the inspectors saw that this choice was respected. Staff were familiar with residents' dietary needs and preferences and provided assistance in a dignified and discreet manner. Inspectors noted that staff were sitting at residents' eye level and provided gentle encouragement and prompts while also promoting residents' independence. There were sufficient number of staff available to assist residents with their meals in the various dining rooms in the centre. Residents had access to fresh drinking water at all times.

Wounds were well managed. Residents identified as being at risk of developing pressure

related skin ulcers had risk assessments completed with corresponding care plans. The wound progress was documented. One of the staff nurses had completed training in tissue viability and provided additional support and information in relation to wound management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to the residents. In most part, medicine practices aligned to best practice and the local policy, however improvements were required in relation to prescribing to ensure residents were protected by safe medicine practices. For example, inspectors found that prescribed medicines were signed in block by the general practitioner, and those medicines that required crushing were not individually identified on the prescription. Whereas systems were in place for regular reviews of the crushing of medicines by the GP, this recommendation was inconsistently documented on the prescription sheet.

The inspectors observed part of a medication round. Nurses were familiar with residents' individual needs and followed appropriate medicine administration procedures to ensure safe practice. However, on a number of occasions nurses were observed to administer medication to residents with dementia in a covert manner, and there was no explicit documentary evidence on the prescription to show how this decision has been made or reviewed. Medication storage trolleys were stored securely in a locked clinical room when not in use. Residents had access to a pharmacist if required. The GP and pharmacist completed medicine reviews and a drug therapy committee had oversight of medicine practices in the centre. Systems were in place for recording and managing medication errors. Controlled drugs were appropriately stored and managed.

Residents and relatives who spoke with the inspectors reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in residents' health or well-being.

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:

Measures were in place to safeguard residents with dementia from abuse.

There was a policy in place, which provided clear guidance to staff in relation to safeguarding vulnerable adults and protect them from abuse. Residents and their

relatives felt they were safe living in the centre. Staff working in the centre had up to date training in how to safeguard residents and those spoken to were familiar with the procedure to follow.

There were systems in place to safeguard residents' finances. The centre was a pension agent for a number of residents. Department of Social Protection guidelines were adhered to. The new provider was in the process of setting up a new client account and transferring residents' monies from the previous owners' client accounts. Records of residents' monies held on their behalf were clear, concise and easy retrievable. Receipts of expenditures were included in the records held. Residents had access to a record of their account on demand.

There was a policy and procedure in place to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who displayed responsive behaviours had a comprehensive assessment and care plan in place. Those reviewed included the triggers and diversional therapies, which worked effectively for the resident. Residents charted PRN (as required) medication to treat such behaviours were administered this as a last resort. This information was documented in their care plans.

There was an active restrictive practice committee, which ensured the centre was compliant with local and national policy of working towards a restraint-free environment. Staff had received training in the use of restraints and further dates were scheduled for refresher training sessions. Overall, there was low use of restraints in the centre. Residents had access to alternative equipment such as floor mats and sensor alarms, which were risk-assessed for safety and trialled before the use of bedrails. The centre was accessed by the use of a keypad to enter and exit the three units. Residents who were assessed as safe to leave the unit independently were not restricted to do so.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Overall, the residents' privacy and dignity was respected, however the inspectors noted that there was no lock on the door of a communal shower room in one of the units. This was addressed on the day with a temporary lock installed to ensure the door could be securely closed when in use for the protection of residents' privacy.

Inspectors observed that staff were courteous to residents living with dementia and addressed them by their preferred name. Staff were observed to knock and wait for permission before entering residents' bedrooms. Where a resident declined a care intervention, this was respected by the member of staff.

Residents had opportunities to participate in meaningful activities and could exercise choice and control over their lives. There was clear evidence that residents with dementia were included in decisions about the running of the centre. Their views and their relatives, were collected through formal meetings, the complaints process and the annual survey. Residents committee met every six weeks and the inspectors saw a schedule of monthly information sessions for residents on various topics such as the use of restraints, the complaints process, care planning, activities and infection control. Residents confirmed that they contained relevant and useful information to them and empowered them to make meaningful decisions in relation to their care.

Residents had access to an independent advocate in the centre and those residents living with dementia were supported to access the service where required.

Throughout the inspection residents with dementia were seen to be making choices, for example when to get up, what to eat or drink at meal times, where to spend their time and what activities to take part in during the day. Staff demonstrated patience and good interpersonal skills when communicating with those residents with cognitive impairments, taking times to explain interventions and offer choice in a user-friendly language.

The inspectors observed the quality of interactions between staff and residents using a validated observational tool in various areas of the centre and at different times throughout the day, recording the level of engagement at five-minute intervals. Throughout the day, inspectors observed many positive interactions on a one-to-one basis between staff and residents. However, in the communal areas where groups of residents spent their time, inspectors observed overall a neutral engagement with residents, meaning a passive and not stimulating atmosphere.

An activity schedule was prominently displayed in various locations throughout the centre and included written and pictorial information, so that residents could exercise choice regarding the activity that interested them. There were a range of activities and entertainments on offer for residents, which included a number of specialist therapeutic sessions for residents with dementia or cognitive impairments such as SONAS or imagination Gym. There were two activities coordinators, who worked across five days each week to organise and deliver the programme. They had completed specialist training in activities for residents with dementia and were dedicated to ensuring residents living in the centre experienced a good quality of life. Weekend activities were also scheduled and the activity coordinator left activity packs so that health care assistants provided residents with stimulation and engagement at weekend. Residents confirmed that they were satisfied with the activity programme available to them.

A key to me and social/recreational assessment tools were used to devise activity programmes that met residents' needs. Residents who could not partake in group

activity had dedicated one-to-one sessions. This ensured that each resident living with dementia had opportunities to take part in activities that were meaningful to them and suited their needs and capacity to participate. Some of the activities included music, gardening, beauty therapy, coffee shop, weekly trips to various places of interest. Inspectors saw large clocks and calendars in the centre as well as dementia-friendly orientation boards that specified the date and time and provided details about the day and the weather outside.

The care planning documentation included specific information in relation to residents' communication needs. For residents with impaired communication, separate dementia-specific assessments were used to assess pain, cognition or the risk of wandering behaviours. The inspectors observed staff ensuring that residents had the required equipment such as glasses, or hearing aids to support their communication needs. Staff knew the residents really well and described the inspectors how they met the needs of residents who could not communicate them. Inspectors observed staff interacting with residents and noted that they used positive body language, touch, eye contact and calm and reassuring tone of voice to engage with residents who became anxious or agitated.

Residents were offered choices in their care and daily routines and staff who spoke with inspectors were able to provide examples of how they enabled residents' choice on a daily basis. The food menu contained information in pictorial format to enable residents with communication impairments make meaningful choices in relation to their food preferences.

Residents were supported to stay in touch with their families and friends. Inspectors spoke with a number of visitors on the day who confirmed that they were made feel welcome by staff and could meet with the resident in private if they wished to do so. A visitors sign-in book was available in a prominent location at the front entrance.

Television, radio and newspapers were available for residents. A daily large print version of current affairs was available in various sitting rooms in the centre and residents were seen reading and discussing its contents. Residents were facilitated to exercise their civil, religious and political rights. A large oratory was located in the centre, which provided a peaceful place for residents and was wheelchair accessible. Residents expressed their satisfaction with the opportunities provided to them for religious practice, the choice of sitting rooms and their freedom to move around the communal areas in the centre.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place that met the legislative requirements. It was implemented in practice.

The complaints procedure was on display and it was visible to residents. Residents and relatives of residents with dementia told inspectors they knew they could complain to the staff. They felt they were listened too.

The nominated person to investigate and manage complaints had a record of verbal and written complaints maintained in the centre. Inspectors reviewed this log and found that complaints received had all been fully investigated. The complainant had been informed of the outcome of the complaint and their level of satisfaction with the outcome was recorded.

The records held were clear, concise and easily retrievable.

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 number and skill-mix of staff on the day of inspection was adequate to meet the needs of residents with a diagnosis of dementia. There were no volunteers working in the centre at the time of inspection.

Staff had mandatory training on fire, manual handling and safeguarding residents in place. They had completed training on caring for residents with dementia, cardiopulmonary resuscitation and in managing behaviours that challenge. The supervision of staff was good with a clinical nurse manager on duty each day together with the person in charge. Additional clinical nurse managers were in the process of being employed to ensure there was a manager rostered for each night shift. Staff had an appraisal completed by their manager on an annual basis.

The residents and relatives were familiar with staff, including the new provider and general manager. Relatives told inspectors staff provided a good standard of care to residents. They said that staff were welcoming and they communicated with them regarding the care of their relatives living in the centre.

Communication between management and staff required further development.

However, the inspectors were satisfied that a number of staff meetings had already taken place and that appropriate steps were being taken by the new registered provider to address this.

Recruitment procedures in place reflected those outlined in the recruitment policy. A sample of staff files were reviewed, they contained the documents outlined in Schedule 2 of the regulations.

Judgment:
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 designated centre is located in North Dublin and is accessible by public bus routes. Car parking is available at the front and at the back of the premises.

Overall, the location, design and layout of the designated centre were suitable for its stated purpose and met the needs of the residents in a comfortable and homely way. However, the inspectors found that some improvements were required in relation to creating a dementia-friendly environment for the benefit of the residents living in the centre with this condition.

The design and layout of the centre was in line with the statement of purpose. The centre was very clean and hygienic throughout and nicely decorated. Bedroom accommodation was comprised of 72 single and 20 twin bedrooms, 38 of which had en-suite facilities. There were sufficient bathrooms, showers and toilets for the number of residents living in the centre. The size and layout of bedroom accommodation was suitable to meet the needs of the residents. Each room was of good size and residents personalised their space with photographs and personal items. Each resident had enough storage space for their belongings and a lockable drawer if they wished to use it.

The designated centre is a single storey building organised in three units named Castle, Estuary and Seabury. Each unit is secured with a keypad lock for the safety of the residents. The layout of the centre supported residents with dementia to mobilise between their private space and the communal area either independently or with staff supervision. Overall the units were homely with appropriate furnishings, fixtures and fittings to provide a safe and comfortable environment for the residents. Residents with a diagnosis of dementia were accommodated in all the units, however the majority of residents with dementia were in the Estuary unit. Seabury and Castle units had been recently refurbished and the signage and use of contrast and colour supported the

residents with dementia living there.

However, in the Estuary unit there was limited use of colour and contrast, with handrails painted the same colour as the walls. Bathrooms and toilets were equipped with assistive equipment; however there were no contrasting toilet seats or contrasting handrails to support residents with dementia with their toileting or personal care needs. Although there was signage alerting to a slope in the floor, this was not placed at eye level to ensure it was visible to the residents with dementia.

Floor coverings were appropriate in some areas but not in all area used by residents with dementia. Although non-pattern non-slip floor covering was used throughout the centre, the inspectors noted that in Estuary unit the buffering of the floor created a shine and a glare that did not promote safe mobility for residents with dementia.

While the gardens attached to the other two units were well-maintained, the inspectors found that improvements were required in the small internal garden of the Estuary unit to ensure that it was tidy and provided adequate sitting and shade as well as a safe outside space for the residents. The staff and the registered provider told inspectors about their plans to create a sensory garden in consultation with the residents. All gardens in the centre had unrestricted access, and residents were seen outside enjoying the sunshine throughout the day.

Overall, the premises met residents' privacy and dignity needs. Call bell alarms were available and visible in each of the rooms, including toilets and assisted bathrooms.

All bedrooms were individually identifiable by a small framed photograph of the resident living there, however only in the Castle and Seabury contrasting colour frames were used to assist residents living with dementia recognise their bedrooms.

There were several communal areas available to the residents, which included six sitting rooms/dayrooms, three dining rooms, one activity room and an Oratory. These were nicely decorated and furnished and were laid out to provide a comfortable homely living space for residents. The corridors were wide enough to ensure the residents could mobilise safely when using a wheelchair or walking frame. The inspectors recommended that signage could be improved in Estuary and further developed in the other two units to afford residents greater autonomy and increased independence. In addition the use of memory boxes or rummage boxes could further enhance the life of residents with dementia living in the centre.

The centre was clean, well lit, in a good state of repair and comfortably heated throughout. There was a range of equipment available for residents, which included profiling beds, specialist mattresses, cushions and hoists.

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:

Sheila McKeivitt
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:	Talbot Lodge Nursing Home
Centre ID:	OSV-0000182
Date of inspection:	01/08/2019
Date of response:	05/09/2019

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Improvements were required to ensure that medicine practices in the centre were in line with best practice and that all nursing staff followed the correct policy and procedures when administering medicines.

Medicine prescribing required improvement to ensure each medication was individually signed by GP and each included prescribed direction of administration such as covert or crushed format.

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

The PIC ensures that all medications are administered in line with Policies:

- HS-006 Prescribing, ordering, storage and disposal of medications
- HS-007 Administration of medication
- HS-008 Crushing of medications

The GP and the Pharmacy will review any resident who will require crushed and/or covert medications.

New consent form is introduced for residents on crushed and/or covert medications and signed by GP, nursing staff, DON and resident/NOK.

Electronic administration system to be upgraded to paperless system where no paper Kardex is needed and all signatures are electronic.

In the meantime GP will sign all medications on the printed Kardex.

Proposed Timescale: 30/09/2019

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:

Improvements were required to ensure residents' privacy and dignity needs were respected by ensuring that all doors could be closed and had appropriate locks in place.

Better oversight in relation to identifying and reporting maintenance issues that impact on residents' right to privacy was also required.

2. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The PIC ensures residents' privacy and dignity needs are respected by ensuring that all doors can be closed and have appropriate locks in place. All communal bathrooms have locks on their doors.

New reporting system for maintenance issues has been introduced. All staff now report any issues directly to person responsible for overseeing maintenance. Every day CNM's, DON and maintenance staff will receive a morning report with plan of work and

afternoon report with completed tasks or any updates. Priority of work will be assigned before work order is sent to maintenance.

Additional staff have been employed on temporary basis to complete all overdue maintenance jobs.

Proposed Timescale: 13/09/2019

Theme:

Person-centred care and support

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

Communication, stimulation and engagement with residents with dementia during group activities could be further enhanced. Not all opportunities were taken to ensure residents with dementia did not experience prolonged flat periods of time during the day.

3. 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:

The PIC will ensure communication, stimulation and engagement with residents with dementia is further enhanced. A review of the activity programme has taken place in order to ensure more stimulation in the day rooms. Activity programme is inclusive of activities assigned to health care assistants supervising the day room to increase positive stimulation. New equipment has been purchased to improve sensory stimulation.

All staff will complete training in dementia and challenging behaviours.

Daily allocation will be inclusive of day room allocation.

Proposed Timescale: 19/09/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvements were required in the courtyard garden associated with the Estuary unit to ensure the area was tidy and provided adequate seating and shade for the residents.

Better use of contrast and colour, improved signage and more points of interest would further support residents living with dementia to navigate the premises and orientate themselves to their living space.

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:

Improvement of outdoor areas has commenced. Additional staff has been recruited to carry out these works and residents have been given the opportunity to get involved in the project.

The PIC has plans in place to ensure the courtyard garden associated with Estuary unit is clean and tidy. Adequate seating and shade to be put in place for the residents. Improvement of indoor areas is currently planned. Architect with a speciality in dementia has been requested to assist with the change. The PIC has plans for better use of contrast and colour, improve signage and to support ease of movement for residents living with dementia in the centre.

Proposed Timescale: 29/11/2019