

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Leeson Park House Nursing Home                           |
| <b>Centre ID:</b>   | OSV-0000058  |
| <b>Centre address:</b>                                    | 10 Leeson Park,<br>Dublin 6.                             |
| <b>Telephone number:</b>                                  | 01 497 6500  |
| <b>Email address:</b>                                     | leesonpark@silverstream.ie                               |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Shanid Limited   |
| <b>Lead inspector:</b>                                    | Gearoid Harrahill  |
| <b>Support inspector(s):</b>                              | Helen Lindsey  |
| <b>Type of inspection</b>                                 | Unannounced Dementia Care Thematic<br>Inspections        |
| <b>Number of residents on the<br/>date of inspection:</b> | 41   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 8  |

## **About Dementia Care Thematic Inspections**

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

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

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

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

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

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

From: 19 June 2019 09:30 To: 19 June 2019 17:45

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                | Non Compliant - Moderate          | 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                           | Non Compliant - Moderate          | Compliant               |
| Outcome 06: Safe and Suitable Premises                  | Non Compliant - Moderate          | Substantially Compliant |
| Outcome 07: Health and Safety and Risk Management       |                                   | Non Compliant - Major   |

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection which focused on six specific outcomes related to how the provider met the needs of residents, with particular reference to residents living with dementia. The inspectors also reviewed compliance action from the previous inspection related to fire safety, referred to under Outcome 7: Health and Safety and Risk Management.

The provider completed a self-assessment questionnaire during the inspection in which they determined their own compliance and areas identified for improvement going forward. During the inspection, inspectors found that the service was compliant in suitable staffing, safeguarding and safety and complaints procedures. Some improvement was required in health and social care and residents' rights dignity and consultation. While the premises overall required attention to ensure it

was suitable for use by residents of all accommodated dependencies, the areas for improvement primarily related to privacy elements and fire safety. Some areas of fire safety required substantial review to ensure that risks related to the environment and practices were controlled for residents' safety and efficient evacuation in the event of fire. Following the inspection, inspectors issued a letter to the provider requesting urgent review of fire safety arrangements to seek assurance that they were appropriate for the environment and needs of residents.

Inspectors found positive examples of resident feedback being sought and addressed by the provider, and for residents to be consulted with in the running of the service. Choice by residents of how to spend their day was encouraged, as well as engagement in social activities, entertainment, access to the local community and the exercise of civil and religious rights. Some improvement around noise during the dining experience required attention, but overall, the centre provided a relaxed and comfortable living environment.

Measures were in place to safeguard residents from potential incidents of abuse, and staff were clear on how they would respond to alleged or suspected incidents. The system in place for managing complaints and feedback from residents and their families regarding the service was robust and efficient.

Those residents and relatives who spoke with inspectors said that they were satisfied and comfortable living in the centre and with the care and support they received from staff. Residents had access to their general practitioner and other therapeutic services relevant to their needs. While aspects of care plans required some improvement, they were person-centred and guided staff in meeting the residents' care needs.

**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:**

Residents' wellbeing and welfare was being maintained by a high standard of evidence-based nursing care. One area, relating to care plans required review.

Prior to admission residents needs were assessed to ensure they could be met in the centre. This included a review of whether the room available would be appropriate for them in relation to mobility and levels of support needed.

A new electronic care planning system was in use and was being populated with relevant information. The care plans reviewed were detailed and person-centred. Care plans reviewed covered residents identified needs and set out how their needs were to be met, using the residents preferred routines as a starting point. Care plans were in place for residents with dementia which included information on their preferences, how their cognitive ability impacted on their life and how to support them if they became upset or disorientated. There were some care plans setting out residents end of life preferences, and all residents and their families were asked to consider this when they moved in to the centre. The person in charge was working to encourage all residents to express some preferences. While care plans were clear, and other information about residents needs were available in other assessments it would be of benefit to provide care plans on residents communications skills to support ongoing engagement with staff and others. While staff knowledge was good in relation to catheter care, further detail was required in care plans about equipment and what to do if there was a problem identified.

Residents had access to general practitioner (GP) services and could retain their own GP if they so wished. Records showed detail of their reviews and agreed actions.

A review of residents' care records showed where referrals to allied health professionals were required they were made. Examples were seen where the dietician, physiotherapist or tissue viability nurse assessed residents following a change in their needs. Where recommendations were made these had been updated in residents care plans. Nursing notes showed that any changes in residents' needs were identified, responded to, recorded, and followed up by the relevant nursing staff.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of evidence based assessments were completed for residents in relation to their risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence. An assessment of residents' cognitive ability was also completed on a regular basis, and where changes were noted, it was discussed with the residents and care plans were reviewed if needed.

Residents were weighed monthly and any weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Where weight loss was identified, the nursing staff informed the GP and referred the resident to a dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed that their advice was followed, and care plans were updated.

Medications were stored appropriately in the centre, and nursing staff know the centres policies and procedures in relation to storage, and administration of medication. As required (PRN) medication was monitored closely, with very low use of medication being used to manage responsive behaviours. Where residents had 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 were clear of the things that may cause anxiety, and were able to provide appropriate support, following the guidance set out in care plans. A review of records showed that staff were able to support residents.

**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:**

Inspectors found that the provider had taken adequate measures to protect residents from abuse. A policy and procedure document was maintained for the prevention, detection and response to suspected, alleged or actual incidents of abuse. Staff were aware of their responsibilities to the residents in this regard and were familiar with how and to whom potential abuse was reported. Staff had attended training in safeguarding of vulnerable adults, and a sample of personnel files reviewed showed that members of staff were vetted by An Garda Síochána.

Residents were relaxed and comfortable in the centre and did not express any fear or concern for their safety or wellbeing living in the centre. Residents and families spoke

positively on the staff and their interactions, and felt safe. Where concerns had been raised, the provider took appropriate and timely action to investigate the matter.

The provider was in the process of rolling out training for staff in caring for residents with dementia or who exhibited responsive behaviours associated with a diagnosis of dementia or cognitive impairment. Staff on the day were seen to be engaging well with residents and positively supporting those with dementia.

The centre used a relatively low number of bedrails, noted with evidence where they were in place by resident request and when their continued use was reviewed. Records showed that the provider was working towards a restraint-free environment. The staff, in consultation with some residents, had successfully removed bedrails in favour of less restrictive alternatives, or complete removal where successfully trialled. The person in charge had identified and spoken with other residents with whom alternative measures could be trialled next.

Where centre management held on to small amounts of cash or valuables, this was done securely and with appropriate safeguards and checks in place to protect the residents from potential financial abuse. The provider did not act as a pension agent for any residents.

**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:**

All residents were consulted with and participated in the running of the centre, and were able to exercise choice and control over their life to maximise their independence. Privacy and dignity were promoted in the centre, with an area for improvement in relation to the dining experience for some residents.

On the day of the inspection there was a resident meeting where a range of topics were discussed including activities on offer, staffing and the menu. These meetings were held monthly, and attended by the provider and the independent advocate. Recent minutes showed that where issues were raised they were addressed, for example a discussion was held on where to arrange trips out to, and they were seen to be happening in practice. The advocate made himself available to speak with people after the meeting, and there were also contact details around the centre of how to make contact with them.

There was also a relatives meeting held every three months to ensure positive communication channels were available for receiving information about the centre and providing feedback.

On the day of inspection residents were seen to be following their chosen routines. Some people were up when inspectors arrived, and others were taking breakfast in their rooms. Through the day residents were seen spending time in the different communal areas in the centre, or in their rooms. Some were going out with relatives, or spending time in communal or quiet areas with relatives. Residents had televisions in their rooms and some residents had portable DVD players, laptops and phone extensions with easy-to-use large buttons.

Residents and relatives who spoke with inspectors gave positive feedback about the care and support being provided in the centre. They consistently commented on the caring approach of the staff and the homeliness of the centre.

The person in charge confirmed some resident had chosen to vote in recent elections and this had been facilitated in the centre. Mass was being given on the morning of the inspection, and staff were heard asking residents who followed that religion if they wanted to attend. Arrangements were in place for residents of other religions to attend religious services if that was their wish.

There were three activity co-ordinators working in the centre covering six days. The person in charge said they tried to provide activities on Sundays, but residents were generally busy with visitors. There was a program of activities displayed around the centre, and it covered activities residents reportedly enjoyed. A group of residents informed inspectors they enjoyed knitting, art and some enjoyed bridge games that were run three times a week. Inspectors reviewed a selection of pictures taken on recent trips, and residents advised they enjoyed them and were looking forward to going to a local estate later in the week. Where residents were less able to join with group activities inspectors observed staff spending one to one time speaking about topics of interest, doing hand massage, or supporting with practical tasks such as puzzles or reading the paper and magazines.

Televisions played shows of interest to residents, and there were papers, magazines and access to radio and music for those who enjoyed music. People also came in to the centre to play a range of music, and sing to residents.

There were a lot of visitors throughout the inspection, they were seen to be welcomed on arrival, and residents were seen to value the visiting arrangements in the centre, and met in their room or in the range of rooms or seating areas throughout the centre. The close proximity of a local high street enabled many to take a walk out with family to shop or take refreshments.

Throughout the inspection staff were seen to be engaging with resident positively. Where residents requested support or were asking for information staff were quick to respond. Where a resident required additional support this was provided in a way that respected residents' abilities and independence as much as possible. For example, staff

supported with eating and drinking while encouraging as much independence as possible. Throughout the centre all staff knocked on doors before entering bedrooms, and explained the reason for their presence in the room. Staff were heard communicating effectively with residents with different levels of hearing, sight or cognitive ability. Staff also knew residents preferred routines and were able to support them in making choices that reflected their known preferences.

Some review was required in the layout of bedspaces and privacy curtains in some multi-occupancy bedrooms. In some bedrooms it would not be possible for one occupant of some bedrooms access and make full use of their living space and en-suite facilities if their neighbour had their privacy curtain closed.

Inspectors observed a dining experience in two areas of the centre. In the main area residents were seen to be enjoying a pleasant lunch, with minimal support from staff. Residents were asked about their choice of meal, and offered the option of sauces and gravies. Groups of residents were seated together and engaged in the social occasion. However, in one area where residents were being supported with taking their meals the environment was noisy, busy and was not conducive to residents focusing eating a full meal due to the distractions. The main dining area also became noisy while residents were enjoying their desserts as dinner plates and cutlery were being gathered and scraped clear and the hot food trolley was being shut down. This was raised with the management team who stated they had carried out a formal observation of a mealtime in that area and recognised that improvements were needed.

**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:**

The procedure for making a complaint was clearly posted in a prominent position on the premises, and staff members spoken with were aware of how to receive and record complaints made and refer them to the appropriate managers. The policy had nominated a designated person to manage complaints made in the centre. Records showed that all complaints were recorded and investigated in a timely fashion and in line with centre policy.

Complaints were recorded in a digital online log, identifying the subject of the complaint, and the response by the management to same. The outcome and learning attained was recorded as well as the satisfaction status of the complainant. Verbal complaints were

recorded with the same level of detail as those submitted in writing. The complaints log also included relevant feedback raised at residents and relative committee meetings. This allowed the management to identify a more complete trend analysis of matters raised by residents and their representatives.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

**Findings:**

There was a suitable number of staff on duty with the appropriate skill mix to provide safe and effective care to residents, taking into account the dependency levels of residents and the size and layout of the building. The planned and actual staffing roster was clear to read and included all categories of care staff, ancillary staff and management in the centre.

Staff had a good knowledge of residents and their needs. Interactions were generally respectful, patient and polite, maintaining the residents' dignity as well as building a relationship of friendliness and trust between residents and those assisting them.

Records showed that staff underwent an induction programme with criteria to be completed before being signed off by management. Inspectors reviewed a random sample of personnel files, which contained all documentation required under Schedule 2 of the regulations such as work history and references to ensure that suitable people were recruited to provide care to residents. Nurses had evidence of their active registration with the Nursing and Midwifery Board of Ireland. Staff had been vetted by An Garda Síochána and the management assured inspectors that no member of staff recruited would be rostered for duty without having been vetted.

Staff had attended mandatory training in safeguarding of vulnerable adults, fire safety, and safe moving and handling. The management maintained a record of attendance dates for all staff which highlighted when refresher training was due. While this record had not been updated to reflect the most recent sessions, inspectors reviewed an attendance sheet signed by staff on the day to confirm that active staff were up to date in their mandatory training. The provider was also in the process of rolling out training to all staff in caring for residents with dementia or responsive behaviours, and at the time of the inspection approximately half of the staff had completed this.

The provider had agreements in place with agencies to cover staff absences and

maintained records of how frequently agency staff were utilised. The provider also had an arrangement with a local provider of care for adults with disabilities, in which people worked in a voluntary capacity, assisting with catering and social engagement. There was a written agreement in place outlining the hours and duties for these people in the centre.

**Judgment:**

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:**

Care is provided in a large period house across four storeys. Multiple passenger lifts provided transport between the floors, with a chair lift on the stairs for one separated bedroom. The top floor featured a modern penthouse including two double bedrooms and a large living room and secure balcony.

The building was classically decorated with large fireplaces, bookshelves, paintings, taxidermy and old style furniture decorating the hallways and living rooms. The multiple comfortable communal spaces allowed residents to spend their time in a selection of locations, including quieter areas away from the busy locations of the centre. The centre featured a pleasant oratory in which mass was held on the day of inspection. A nicely decorated enclosed garden was visible and accessed from a primary living room, including patio furniture, paved path route, flower beds and a sheltered smoking zone. While the building was clean, well heated and ventilated, some areas of cosmetic maintenance required attention to maintain the homely design elements of the building, particularly in areas where beds or equipment had damaged the walls or cladding.

Bedrooms were generally comfortable and had been personalised to each resident's choice. Residents had decorated their room with their artwork, photographs and ornaments. Residents had adequate storage space for their clothing and belongings. Some review was required in some shared bedrooms to ensure that residents had sufficient personal space and access to the features of their bedroom and en-suite facilities based on their mobility requirements and the room layout.

Residents who did not have an accessible en-suite toilet or shower in the bedroom had an alternative option which could be accessed discreetly and was not far away from the bedroom.

Some improvement was required on the provision of storage for equipment such as linen trolleys, hoists and unused wheelchairs. Inspectors saw examples of these items being stored in stairwells and corridors.

A fully equipped kitchen and laundry was on site suitable to provide for the number of people living in the building.

Regarding dementia design and navigation features, inspectors discussed with the management areas for enhancement to assist navigation in the building, such as pictorial or eye-catching signs directing residents to toilets and living rooms, or to assure residents who would benefit from such signage that they are at the correct bedroom door.

**Judgment:**

Substantially Compliant

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

**Theme:**

Safe care and support

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

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

**Findings:**

While there were a range of processes in place in the centre to ensure adequate arrangements were in place against the risk of fire, these were not considered to be comprehensive enough. Due to the risk related to some of the issues identified an urgent action letter was sent to the provider asking for assurance that appropriate arrangements were in place.

Documents were seen to be in place covering the quarterly and annual servicing and maintenance of fire alarms, emergency lighting, fire extinguishers and boilers. There were completed records of daily, weekly and monthly checks carried out by staff in relation to fire safety, for example ensuring fire exits were not blocked. However on the day of inspection it was observed the front door was blocked with a chair at lunch time with a notice saying to use another exit. The person in charge confirmed this was the practice when the administrator was away from the reception area. This was indicated as a fire exit and should not be blocked at any time, and so this practice required immediate review.

A number of areas of concern were identified by inspectors and they required review by the provider to ensure there were suitable precautions against the risk of fire in place throughout the centre. They covered the following areas:

- Adequate means of escape- clear exit routes, clear options for exit from all areas of the centre

- Oxygen storage
- Containment- fire doors in appropriate places, appropriateness of fire doors in different areas of the centre, door closers, materials in place in some exit routes

On the last inspection it was reported a number of doors were being wedged open. This practice continued in the centre on the day of the inspection. Wedges removed at the request of inspectors had been put back in place when inspectors returned to the area. A number of items were being used to wedge doors such as plastic wedges, furniture and books. When doors are wedged open they lose any ability to hold back smoke and flames in the event of a fire and so place residents at increased risk.

A review of the smoking areas was also required to ensure any materials were suitable, for example the furnishing. During the inspection there were cushions and a parasol neither of which were labelled as to their fire resistance. A resident's bedroom window also opened to the smoking area. Inspectors went in to the bedroom and smelled cigarette smoke in the room due to the window being open.

Staff spoken with were clear on the action to take, and knew where fire exits were in relation to their location in the centre. There were evacuation plans in place for residents. Drills were also being covered on a regular basis, and covered a range of different scenarios. Inspectors asked the provider to make further information available about drills to ensure all areas of the centre had clear tested evacuation arrangements in place.

All staff has completed fire safety training, that included using the equipment available in the centre, such as fire extinguishers and evacuation mats.

There were instructions posted throughout the centre, with clear information about where fire escapes were located. There was a policy in place, however it required review to ensure it reflected the specific measures that needed to be in place in relation to the layout of the building.

**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:***

Gearoid Harrahill  
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>        | Leeson Park House Nursing Home |
| <b>Centre ID:</b>          | OSV-0000058                    |
| <b>Date of inspection:</b> | 19/06/2019                     |
| <b>Date of response:</b>   | 18/07/2019                     |

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

A number of areas required review in relation to documenting residents care needs:

- troubleshooting actions in relation to catheter care
- consistency in recording resident end of life care wishes
- consistency in relation to recording residents communication needs

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

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

1. Troubleshooting actions in relation to catheter care have now been included into the relevant residents care plan to guide and support for the resident by the nursing staff.
2. A full audit of all residents end of life wishes is underway and all care plans will be updated to show consistency in recording resident end of life care wishes
3. A full review of residents care plans in relation to recording resident's communication needs was under way during the inspection and was completed on the 24th June 2019.

**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:**

Some review was required to ensure that residents in shared bedrooms can navigate and access their living space and en-suite facilities when their neighbour has their privacy curtain pulled shut.

Improvement was required to reduce noise and disturbance during the dining experience.

**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:**

1. Remodelling of privacy curtains and rail system will take place to ensure that residents in shared bedrooms can navigate and access their living space and en-suite facilities when their neighbour has their privacy curtain pulled shut.
2. A review has taken place of the dining experience and a plan has been agreed and is now in place to ensure a reduction in noise and disturbance for residents during meal times.

**Proposed Timescale:** 31/08/2019

**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:**

Review was required in some areas of the building to enhance dementia friendly design elements for safe navigation.

There was insufficient storage for equipment such as hoists resulting in storage on corridors and stairwells.

Some minor cosmetic maintenance items required review to ensure the homely features and appearance were retained where damaged by equipment and bed frames.

Some bedrooms required review to ensure that their internal layout was suitable for the needs of residents.

### **3. 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:**

1. Currently reviewing Dementia friendly design signage for way finding and safe navigation in the home.
2. Designated area has been identified for storage of equipment.
3. A decorating contractor has been engaged to complete a schedule of decoration works through the home.
4. Remodelling of privacy curtains and rail system will take place to ensure that residents in shared bedrooms can navigate and access their living space and en-suite facilities when their neighbour has their privacy curtain pulled shut.

**Proposed Timescale:** 31/08/2019

## **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:**

The fire safety policy required review to ensure it reflected the procedures specific to the premises, taking into account the layout of the building and the dependency profile of residents.

### **4. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

We have engaged the services of a fire consultant to review our fire safety policy to ensure it reflects the procedures specific to the premises, taking into account the layout of the building and the dependency profile of residents.

**Proposed Timescale:** 30/09/2019

**Theme:**

Safe care and support

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

Some devices for holding doors open safely were not functioning on the day of inspection. Some evacuation routes contained unsuitable items. Fabrics in the smoking area were not identified as being suitable for use around potential fire sources.

**5. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

1. All required devices for holding doors were installed and have been fully tested and are working well.
2. Unsuitable items have been removed from evacuation routes. There is a daily check in place now to ensure all evacuation routes are clear. All staff have been reminded to report and remove any items found in the evacuation routes.
3. Our designated residents Smoking area has metal furniture and flame resistance cushions in place.

**Proposed Timescale:** 19/06/2019

**Theme:**

Safe care and support

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

A review of fire doors was required to ensure their suitability. For example, some doors in the centre were being propped open with furniture, wedges and other items, impeding their ability to shut and contain the spread of smoke and flame. Other doors were not closing completely.

**6. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

All required devices for holding doors were installed and have been fully tested and are working well.

**Proposed Timescale:** 18/07/2019

**Theme:**

Safe care and support

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

Some means and routes of fire evacuation were unclear or inconsistent in their identification, or contained inappropriate or flammable items.

**7. Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

We have engaged the services of a fire consultant to review our fire evacuation routes. Once this review is completed any changes recommended will be reflected in signage and in our fire plans.

**Proposed Timescale:** 30/09/2019

**Theme:**

Safe care and support

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

A number of risks related to fire safety and evacuation had not been identified or controlled.

**8. Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Some risks were identified on the day of inspection and eliminated. On going risks are recorded on the home Risk Register for continue assessment and review.

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