

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Marymount Care Centre
Centre ID:	OSV-0000065
Centre address:	Westmanstown, Lucan, Co. Dublin.
Telephone number:	01 820 4500
Email address:	info@marymountcarecentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Humar Limited
Provider Nominee:	Conor McNulty
Lead inspector:	Leone Ewings
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	96
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 1 day(s).

The inspection took place over the following dates and times

From: 26 September 2017 09:30 To: 26 September 2017 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	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). The previous table outlines the centre's rating and the inspectors rating for each outcome.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and followed up on four actions required following the last monitoring inspection which took place

on 14 June 2016.

Marymount Care Centre provides residential care for up to 97 people. There were 96 residents on the days of inspection. Approximately 60% of residents had been reported as having been diagnosed with dementia, Alzheimer's disease or a cognitive impairment. Residents with dementia were accommodated, however, the centre did not have a dementia specific unit.

The provider had fully addressed the four action plans from the last inspection relating to health and safety, premises and documentation that included amendments to the statement of purpose.

Improvements were made that involved an application to vary conditions of registration. This related to the conversion of a laundry area on the first floor to bedrooms, and the provision of a revised laundry policy.

The inspectors found that the centre met the individual care needs of residents with dementia, and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff, with good use of communication techniques and meaningful activity.

The staffing in place including numbers and planning around skill-mix were found to meet the needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Staff engaged in open and friendly communication which was observed throughout this inspection. Staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.

The inspectors found full compliance in one outcome related to complaints, and substantial compliance in five of the other outcomes related to safeguarding, health and social care needs, residents' rights dignity and consultation, staffing and safe and suitable premises.

The findings are discussed in the body of the report and the actions required are included in the action plan at the end for response.

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:

Each resident's health and social care needs were maintained by a good standard of care and support. This outcome was judged to be substantially compliant in the provider's self assessment, and the inspector also judged it as substantial compliance.

Inspectors reviewed pre-admission assessments that were carried out before residents were admitted to the centre and found they identified whether the residents needs could be met. A comprehensive assessment was carried out on admission and resident's health and social care needs were reflected in a care plan that was subsequently developed. The person in charge had arrangements in place that a key nurse was allocated to each resident on admission. Care plans were reviewed at least four monthly and further developed in line with each resident's changing health and social care needs. This was in line with the admissions policy.

The care plans provided clear information about the resident, their likes and dislikes and how best their needs could be met. They focused on the individual and their life prior to moving in to the centre, along with their preferred routines and pastimes. The care plans included clear instructions to guide staff in their practice. Inspectors observed staff providing care and support in line with the care plans completed. When speaking with nurses and care staff they were very knowledgeable about the resident's current healthcare needs and any treatments approaches that were required.

Inspectors reviewed a sample of residents' care plans such as continence, tissue viability, nutrition and hydration, mobility and risk of falls. A care plan was developed based on the residents assessed needs. Records showed there were links with relevant medical professionals such as speech and language therapy (SALT), dietician, occupational therapy and physiotherapist. Any recommendations which had been made by professionals had been implemented, for example the use of any modified diets or cutlery. Records reviewed showed appropriate action had been taken to meet residents needs that included reviews of medicines.

A range of evidence-based assessment tools were used to support nursing staff to

identify when residents needs changed. This included assessments for resident's risk of falls, depression or identified as at risk of developing pressure areas. The outcomes for residents were seen to be positive, and those who spoke with inspectors felt their healthcare needs were being well met.

A range of relevant correspondence was available in resident's files that showed residents had been assessed in a range of hospitals and had access to consultants for specific healthcare needs. Appointments for residents were listed in a diary and records seen confirmed when they had attended. Where residents were temporarily absent from the centre, for example attending hospital appointments, records showed that relevant information and a summary of their care plans was provided in the appropriate format to inform medical and nursing specialists. For example, blood sugar records and records of behaviours, mood and wellbeing.

Medicines management was found to be safe and in line with best practice. Care included scope to undertake self-administration, which was assessed on admission. The provider had reviewed and updated the record-keeping for medicines administration to an electronic based system where nurses used a tablet device. The medicines policy in place guiding staff was evidence-based but did not fully reflect the recent improvements made and transition to electronic recording. The person in charge confirmed this would be reviewed to reflect current practice.

Another area for improvement included checking of expiry dates for medicines when nurses undertook their own audits. For example, two bottles of one oral analgesic medicine had been open for more than three months and this was not in line with the manufacturer's recommendations. The person in charge confirmed this would be returned to pharmacy on the day of the inspection and procedures reviewed.

The pharmacy storage for returns observed by inspectors also required review. An open plastic box containing pharmacy pouches with tablets and other items for return and/or disposal, was observed on top of the medicines fridge and freely accessible. This means of storage was inadequate and required improvement.

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:
This outcome was judged to be compliant in the provider's self assessment, and the

inspector judged it as substantial compliance.

The inspectors found that measures were in place to protect residents from harm or suffering abuse, and to respond to allegations, disclosures and suspicions of abuse. The approach used by all staff demonstrated a good standard of consent-led service provision. Many elements of good practice to safeguard residents' privacy and dignity and rights were observed during this inspection. For example, staff left an individual small laminated name-card visible on bedroom doors, when they were engaged with offering personal care or assistance. This avoids any unnecessary interruptions, and allowed staff to uphold each resident's right to privacy.

There was an up-to-date safeguarding policy in place. The inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

Records that were reviewed confirmed that all staff had received training on recognising and responding to elder abuse. The person in charge facilitated this training, gave monthly training sessions based on up-to-date guidance from the Health Service Executive (HSE). All staff were required to attend this mandatory training.

Since the last inspection there had been no reports or any allegation of abuse notified to the Chief Inspector. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. They also spoke highly of the care provided by the staff and their caring attitude.

Evidence-based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records read confirmed that staff had attended training on responsive behaviours and dementia awareness.

At the time of the inspection, a small number of residents presented with some identified responsive behaviours in the centre. Residents who required support had an assessment completed. Care plans were then developed by a key nurse, that set out how residents should be supported if they had responsive behaviours. The inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, taking a walk in the grounds with staff on the walkways, or the use of a sensory approach with music. Staff spoken with were very clear about how to manage and re-direct each resident. Staff also considered how residents were responding to their environment and were supporting people to feel calm. One area discussed with the person in charge was for staff completing records to consider the use of more positive language used in care plans, and nursing narrative to reflect the good practices observed. For example, when completing the behavioural charts documenting which approaches to care worked.

There were a small number of residents who were assessed as requiring the use of bed

rails in the centre. Although no risks were identified with the use of bedrails at the time of this inspection. The policy and assessment forms reviewed did not fully reflect practice that was in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). Individualised risk assessments were completed prior to the use of any bedrail in the centre, using a risk-balance tool. However, alternatives used and any dates of any previous trials were not fully documented in the sample records reviewed by inspectors. The electronic record-keeping system templates also required updates to ensure that this was in line with best practice. Staff training to fully implement an updated policy will be required to ensure national policy is fully adhered to.

The provider did not act as a pension agent for any residents. Some residents kept some petty cash in the centre and there was a clear record of monies. Each entry was witnessed and access limited to a small number of administrative and management staff. Inspectors reviewed a random sample of records and found the recorded balances to correspond to the actual amounts held in all instances.

Judgment:

Substantially 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:

Practices observed throughout the inspection maximised the residents' independence and choice on how to spend their day. Residents who were independent to do so were observed strolling around the centre, coming and going from their bedrooms. Other residents were seen to enjoy going outside to the garden to freely to engage in their own personal activities.

The service made good use of its large open premises, secure outdoor space and a variety of communal sitting rooms and rest areas. Residents were not limited to one main communal space, but could choose to spend time alone or in company.

Activities such as arts and crafts were observed taking place in separate areas so that they are attended only by those who are interested and not disturbing residents who may prefer not to participate. Each activity session had a list of who attended and a scaled level of physical, verbal and cognitive engagement each person displayed. The inspectors discussed with providers the tracking of activity attendance by resident, to ensure that each person living in the centre was involved in meaningful and stimulating group or solo activities, to highlight periods of time in which a resident may not be

engaged in activities, and identify possible alternatives that may be offered if non-attendance is due to lack of interest rather than capacity. Upon admission, each resident had a recreational assessment conducted which identified interests and hobbies the resident has. This assessment listed the recreation and entertainment options provided by the service and the physical ability, cognitive capacity, and interest or lack thereof, the resident had for each. Some improvement was required to ensure that the resident's preferred recreation and activities are transferred clearly from the assessment to each individual social and recreation care plan, to ensure that each resident's current hobbies and interests are facilitated to be retained.

Inspectors each spent approximately half an hour each observing interactions between staff and residents in communal settings. The majority of interactions demonstrated good communication practices and staff were patient, friendly and respectful in nature. Staff members established attention and eye contact with people before asking questions, at the residents level, instead of standing over them while talking. Residents were promptly responded to when calling for staff members and staff talked a residents through what was happening when assisting with transfer and mobilisation. Choice was offered regarding drinks or snacks, and when staff were observed assisting resident to the communal areas. Residents were given choice of where in the room they would prefer to sit or whether they wanted to face the window, TV or other residents. Some improvement was required for staff interactions with residents who were not in need of direct assistance or attention, to ensure that residents are not spending extended periods of time without something to keep them occupied or stimulated. During the observation inspectors noted a small amount of task-oriented care in which care staff were walking with residents in silence. Other examples related to staff approaching residents from behind to add pillows or take empty teacups from them. Overall the staff were polite, knowledgeable of residents' needs, backgrounds, personalities and preferences.

Residents were registered and facilitated to vote on the centre premises. Regular arrangements were in place for Catholic mass, communion and confession, as well as visits from Church of Ireland ministers. Newspapers were available to the residents in the centre. Residents forum meetings took place every few months and the statistics from satisfaction surveys were used to inform topics which would be focused on to establish areas of feedback or suggestion from residents, and action plans were generated in the minutes of these meetings from points raised.

In the review of communication care plans for residents with sensory impairment, inspectors reviewed an instance of a resident whose communication assistance needs had changed, where the communication care plan had not been updated to reflect the current needs. The person in charge undertook to update this as the resident's use of a sensory assistive device had now ceased.

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 centre maintained a policy on receiving and responding to complaints. This was fully in line with regulatory requirements.

The procedure for a resident or relative to make a complaint was displayed in the centre. The policy in place identified who was responsible for managing complaints raised. A person was also nominated whom a complainant could contact if unsatisfied with the outcome of the matter at local level.

Staff were aware of how to record complaints if they are not able to be resolved immediately. A log was maintained which documented complaints received, how they were managed, what actions were taken and the outcome of the complaint, with a note of the satisfaction status of the complainant. Verbal complaints were logged along with formally submitted complaints allowing a review to accurately reflect any recurring issues or trends.

Residents confirmed to inspectors that they knew who to approach to seek any resolution to any issues or aspects of service they may wish to discuss.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of staff files and found all but one of them to contain all documentation required by Schedule 2 of the regulations. The provider confirmed that this outstanding Schedule 2 record was submitted by the provider following the inspection on 2 October 2017.

All other information could be evidenced including records of each nurses' current registration with the Nursing and Midwifery Board of Ireland. The centre did not utilise

external agency staff. For people working in the centre in a voluntary capacity, there were files for each documenting Garda disclosure, and a written agreement of their roles and responsibilities within the service. Inspectors and the provider discussed ensuring that the role description is clear based on the type of work done by each volunteer. Newer members of staff had structured probationary programme, and all staff were appraised annually by their respective managers. Communication meetings were held each day by direct care staff to discuss the wellbeing of the residents.

Staff had received in-house training relevant to their role. The centre maintained a matrix record of when staff members had received mandatory and other training. All active staff had received mandatory training in fire safety, manual handling and safeguarding of vulnerable adults. Nonetheless the dates in this system did not verify staff attendance and planning to achieve the update frequency as determined by mandatory training policy requirements. The provider advised that the remaining staff identified were scheduled and planned in to attend mandatory training sessions with dates identified over the coming weeks.

Staff had completed in-house training in providing care for residents with dementia, and associated behaviours. Some key staff had been designated as dementia care champions for peer training, as well as encouraging other staff to partake of an e-learning course in dementia-specific care. The provider had organized an information meeting which had taken place for relatives, friends and people with dementia. Education and supports were available including literature and leaflets for caring for people with dementia. Staff were comfortable answering queries and questions from relatives and inspectors about dementia care.

As outlined in Outcome two of this report staff training in safeguarding was detailed and fully informed their practice. There was a good range of supplementary training provided to staff including infection control and cardio-pulmonary resuscitation.

Staff spoken with were knowledgeable about the assessed needs, personalities and the individual preferences of the residents they cared for. Overall staff were friendly and patient in all interactions and demonstrated a person-centred approach. As discussed in Outcome 2 of this report staff training on assessing and documenting any decisions around the use of restraint, and fully implementing national policy was identified as a training need.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

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

Findings:

The person in charge and provider outlined that they are working towards reviewing the model of care and have been researching best practices in the environment for people living with dementia. The provider had completed some improvements to the premises around lighting and laundry facilities. For example, contrasting coloured toilet seats have been fitted and fluorescent lights have been replaced with a new lighting system which is easier on the eye. There was evidence that much planning and thought had gone in to the use of colours, light and textures in the environment both indoors and in the outside space and the environment was comfortable and restful.

The centre comprised of a large purpose-built two-storey building of single and twin bedrooms. Bedrooms were of adequate size, and were decorated and personalised to the residents' wishes. There was appropriate storage space for residents' belongings. Corridors were wide and there was adequate space to move around in assistive equipment such as wheelchairs.

In shared bedrooms accommodating two residents, suitable screening was in place to provide privacy without reducing the other person's ability to undertake personal activities. There were an appropriate number of toilet and shower facilities for the numbers and assessed dependency of residents. All were fully-equipped with appropriate wet rooms, assistive grab-rails and level access thermostatically controlled showers for residents with reduced mobility to use comfortably.

All bedrooms, bathrooms and communal areas were equipped with suitable call bell facilities. Pictorial signage was used to identify toilets on the corridor. Where appropriate, visual triggers such as the resident's photo, name or item of significance were used to assure residents could find that they are at the correct bedroom.

The centre had an elevator to move between the ground and the first floor. All floor coverings used were safe, simply designed and non-slip. The layout of the building consisted of straight corridors or those which looped back to communal areas, to allow someone to navigate around the centre easily. There was a variety of communal rooms, lobbies and resting spots for residents to relax away from busy areas, and residents were facilitated to use all parts of the building. No one location became the sole hub of activity and daily living. There was sufficient choice of dining areas available also around the building.

Doors leading to the garden did not require electronic locks to open and did not trigger the fire alarm, allowing a resident independent to go outside to do so without discouragement. The external area was nicely landscaped with attractive features such as planting beds, a large chicken coop and a bowling green.

The centre also included an oratory, kitchenettes adjacent to some living rooms, a designated outdoor smoking area, hair salon and gym. Some bedrooms were planned out in an apartment style with their own living rooms.

Overall the centre was nicely decorated, clean and well maintained, with plenty of

natural light and ventilation. Sufficient storage was allocated for assistive equipment, clinical storage and space for staff to complete their records and have private meetings.

The inspector noted that suitable hand rails were in place throughout the centre. One area observed by the inspectors on the first floor required provision of a hand rail and the provider confirmed he would action this.

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:

Leone Ewings
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:	Marymount Care Centre
Centre ID:	OSV-0000065
Date of inspection:	26/09/2017
Date of response:	06/11/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Two bottles of one oral analgesic medicine had been opened for longer than three months and had therefore expired.

The disposal arrangements for medicines where they were awaiting return to pharmacy were not satisfactory.

1. Action Required:

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

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Immediately actioned. Bottles removed and returned to pharmacy for disposal. All Nurses made aware of time frame for use of opened medication.

This will be adopted into our reviewed Medication Management Policy.

Proposed Timescale: 31/01/2018

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Policies required review including the restraint use policy and the policy on management of distressed behaviours.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

We are currently reviewing our Restraint Free Policy to reflect the National policy on 'Towards a restraint free environment in Nursing homes'. Our policy on the management of distressed behaviours is also under review in accordance with best practice.

Proposed Timescale: 31/01/2018

Theme:

Safe care and support

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

The National policy relating to the use of any restrictive practices was not fully implemented.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Our revised Restraint Free Policy will reflect the national policy 'Towards a restraint free environment in Nursing homes'. Future use of restricted practices will be in line with this policy.

Proposed Timescale: 31/01/2018

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Review was required to ensure that the information gathered and updated in the recreation assessment is translated to the resident's care plan, to ensure the information in the latter is up to date and reflects the current interests and preferences of each resident.

Arrangements for tracking and trending activity participation by residents required review, to ensure that instances can be highlighted of residents not availing of any group or individual activities for extended periods of time, and where alternatives may be offered to provide them with recreation that is more meaningful and stimulating to them based on their individual interests and capacity.

4. 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:

Arrangements are now in place to track and trend the participation of all residents in the Centre to ensure that their needs are being met in a meaningful way in line with their abilities and choice

Review of all residents care plans is in progress to ensure that the information gathered in their activity assessment is translated to the resident's care plan, and to ensure the information reflects the current interests and preferences of each resident.

Proposed Timescale: 31/01/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Staff training on assessing and documenting any decisions around the use of restraint, and fully implementing national policy was identified as a training need.

5. Action Required:

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

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

Staff training on assessing and documenting any use of restricted practices is ongoing.

Our revised restraint free policy will reflect the national policy 'Towards a restraint free environment in Nursing homes'.

Proposed Timescale: 31/01/2018

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

Effective care and support

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

A hand rail not in place on first floor circulation area.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Hand rail to be implemented in first floor circulation area.

Proposed Timescale: 31/12/2017