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Castle Gardens Nursing Home, OSV-0000696, 26 February 2018

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castle Gardens Nursing Home
Centre ID:	OSV-0000696
Centre address:	Drumgoold, Enniscorthy, Wexford.
Telephone number:	053 923 5566
Email address:	manager@castlegardens.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Breezeglen Limited
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
26 February 2018 10:00	26 February 2018 17:30
27 February 2018 09:00	27 February 2018 14:00

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	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This was the second dementia thematic inspection to be carried out in this centre. The purpose of this was to review the actions required from the previous inspection and seek assurance that each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care and appropriate medical, health and social care.

The inspector found that improvements are required in the overall governance arrangements to address the non-compliances, many of which had been identified repeatedly at previous inspections. Six of the actions from the previous inspection had not been addressed within the agreed timescales.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.

The inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Castle Gardens Nursing Home is purpose built and provides residential care for 64 people. Approximately 60% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs although some improvement was required. This had also been identified as an area for improvement at the last inspection. There were systems in place to ensure residents' nutritional needs were met. Residents' health needs were met and they had timely access to GP services including out-of-hours services. Actions required from the previous inspection relating to medication management had been completed but further action was identified.

Safe and appropriate levels of supervision were in place to maintain residents' safety. At the time of inspection there were appropriate staff numbers and skill-mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. However some gaps were still evident in the staff files reviewed despite an agreed action plan to remedy this.

Insufficient evidence was available that residents with dementia were facilitated to communicate and exercise their choice and control over their lives in an environment that promoted the dignity of each resident. Additional work was required to ensure that the majority of staff interactions with residents promoted positive connective care and to ensure that all residents including residents with dementia were facilitated to communicate and exercise their choice and control over their lives in an environment that promoted the dignity of each resident.

Some improvement was required around the use of restraint which was not in line with national guidelines. Improvements had occurred to some aspects of health and safety although the action required in relation to the laundry had not been addressed.

In order to ensure the design and layout of the premises will promote the dignity,

wellbeing and independence of residents with a dementia the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by an acceptable standard of nursing care and appropriate medical and allied health care. However, as at the previous inspection, some gaps were noted in the care planning documentation. Although improvements had occurred, some gaps were still evident. The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plans. For example the care requirements when restrictive practices were in use was not consistently documented

The inspector noted that although care plans were reviewed four monthly, in the sample read, there was limited evidence of resident or relative consultation for this. This had also been identified as an area for improvement at the last inspection.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required. The inspector saw that although the prescription stated that medications were to be administered at 08:30am, in practice this drug round was not completed until after 10:30am. This could impact on the safety and efficacy of the medications being administered.

Otherwise the inspector saw evidence of safe medication management practices. Residents had access to the pharmacy services and the pharmacist was available to meet with residents if required. The pharmacist undertook audits of medication practices and provided advice, support and training to staff. Action required from the previous inspection relating to medication had been addressed.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis or more regularly when indicated. When required nutritional and fluid intake records were appropriately maintained. The inspector also noted that individual preferences and habits around mealtimes were recorded. The inspector noted that the menu was on display in the day room. However this was not easily assessable to

residents and the typing was quite small. The inspector discussed the opportunities to improve this aspect of communication including pictorial menus to assist residents in making choices at mealtimes.

Although there were several example of good practice in relation to end of life the inspector found that in some cases, there was limited documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. These wishes could then direct the care provided. Otherwise the inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The practices were supported by an end-of-life policy. The person in charge stated that the centre received advice and support from the local palliative care team.

Based on a sample of records viewed by the inspector, residents' health needs were met and they had timely access to GP services including out-of-hours. There was evidence of referral for assessment to allied health services such as dietetics, speech and language, chiropody and dental. Records were maintained of referrals and follow-up activities and there was evidence of the sharing of information of residents that were admitted or transferred.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

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:

The inspector found that while some measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse, some improvement was required.

The use of restraint was not in line with national guidelines and required improvement to safeguard residents. The inspector found that risk assessments had been completed. The use of possible alternatives was documented. However, there as minimal evidence that the required safety checks were completed when bedrails or lapbelts were in use. This had also been identified as an improvement required from the last inspection.

Additional equipment such as low beds and sensor alarms had been purchased to reduce the need for bedrails.

In addition, the inspector found that some staff had not attended safeguarding training in line with the regulations. The person in charge undertook to address this before the

end of inspection. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

There were policies in place about managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Policies were seen to give clear instruction to guide staff practice. The inspector saw that, when required, assessments had been completed and possible triggers and appropriate interventions were recorded in residents' care plans. Assessments were completed following each incident and these were analysed to identify any possible trends or patterns. Staff spoken with were very clear on the procedures to follow should an incident occur. Additional support and advice were available to staff from the psychiatry services.

The inspector reviewed the management of residents' finances and was satisfied that these were managed in a safe and transparent way.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

The inspector was not assured that residents with dementia were facilitated to communicate and exercise their choice and control over their lives in an environment that promoted the dignity of each resident.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with dementia. The observations took place in the day rooms and the dining room. The results indicated that the majority of interactions demonstrated task orientated care. In order to provide person-centred care, staff must enter into the world of the person with dementia and respect where the person is at. It was not evident that staff practiced person-centred care. The inspector saw that on two different occasions, staff members walked between the activity coordinator and a resident while they were playing a throwing game. No effort was made on either occasion to apologise or even acknowledge that the game was interrupted.

Institutional did not promote individualised/person-centred care. The inspector noted that some underwear which was not labelled with a resident's name was stored on trolleys and staff spoken with were unable to say if this was communal underwear or who it belonged to. A hairbrush was also found on the trolley.

In addition the inspector found that improvement was required to demonstrate sufficient respect for residents at all times. The inspector saw that a milk carton instead of a jug was in use on the tea trolley. The inspector also saw a staff member taking some broken biscuits in her bare hand and giving them to a resident saying that was all was left in the tub. No napkin or plate was used. The inspector also saw that a resident was upset as she had been given a plastic beaker instead of her usual cup. Staff had not assisted her to sit upright in order to take her drink but instead had handed her a plastic beaker to prevent spillage. Poor posture while taking fluids also has safety implications as it may cause aspiration pneumonia.

Two other issues were observed which could impact on residents' communication abilities. The small televisions discussed under Outcome 6 along with the menu size discussed under Outcome 1 both impacted on residents' abilities to have access to information in an accessible format.

Otherwise the inspector found there was a varied activities programme including arts and crafts, exercise, bingo and music provided. The activity coordinator spoke with the inspector and discussed ongoing development work in relation to residents with dementia. This included the use of dementia appropriate techniques such as life stories and reminiscence.

The inspector noted that the atmosphere was homely and in the main staff spoke with residents in a calm respectful manner. Residents' meetings were held in the centre on a regular basis. Relatives' meetings were also held on a regular basis to ensure that the residents with dementia were represented.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre. Residents were enabled to vote in national referenda and elections either in the centre or in their own locality.

The inspector saw that some residents preferred to spend time in their own rooms, watching TV, or taking a nap. Other residents were seen to be spending time in the various communal areas of the centre. Newspapers and magazines were available and one resident told the inspector that he liked to spend his morning reading the daily paper.

The person in charge outlined details of independent support services that were available to the residents.

Judgment:

Non Compliant - Moderate

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:

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front foyer met the regulatory requirements.

Some residents and relatives spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents, and in particular residents with a dementia.

However the action required from the previous inspection had not been addressed within the agreed timescale. At that time one of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. In addition the person in charge's staff file was incomplete. At this inspection two of four staff files reviewed did not contain a satisfactory history of gaps in employment while another did not contain a reference from the employee's most recent employer.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff. There were no volunteers in the centre at the time of inspection. The person in charge was aware of the requirements to have Garda Vetting and roles and responsibilities set out in a written agreement should it be required.

Up-to-date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as moving and handling and fire safety. A training matrix was maintained. Other training completed included training in dementia,

the management of responsive behaviours and infection control.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The location, design and layout of the centre were suitable for its stated purpose. Some improvement was required to ensure that the premises were made more suitable for residents with dementia.

The centre is a single-storey building located within a residential village on the outskirts of a town. The inspector found the centre to be warm, well maintained and decorated. However the inspector noted that some improvement was required to make this area more dementia friendly. This was identified at the previous inspection and the agreed action plan had not been completed within the timescale. For example, all internal doors were white in colour which did not provide any assistance for residents' orientation. In addition there was limited use of contrasting colours in bathrooms or toilets. Directional signage was also limited. The inspector did note that some of the bedroom doors had pictorial signage to assist residents.

Residents had good access to indoor and outdoor areas and to external gardens and courtyards. Sitting and dining rooms were large with good natural lighting. Communal rooms were decorated in a homely fashion. There were other smaller areas and rooms to sit and dine in which were pleasantly furnished.

Corridors and door entrances of accommodation used by residents were wide and spacious to facilitate movement and aids used and required by residents. Handrails and grab rails were provided where required.

Bedroom accommodation was provided through a mix of single and twin occupancy rooms (54 single rooms and five twin rooms, all with en-suite facilities). Bedrooms were nicely personalised and comfortable. The inspector noted that the televisions in most of the bedrooms were small which may interfere with residents' ability to watch their favourite television programmes. This was also noted at the previous inspection and some larger televisions had been provided. However, the remaining smaller televisions, particularly in the twin rooms, made it impossible for residents to comfortably watch any programme.

Furniture and equipment seen in use by residents was in good working condition and regularly serviced.

The inspector noted that trolleys were inappropriately pushed into the sluice rooms when not in use so it was evident that adequate storage was not available or used. Kitchen facilities were located within the building. A large spacious dining room adjoined the kitchen.

A laundry facility was available within the centre to launder residents clothing, bedding and curtains. Action required in relation to the laundry is discussed under Outcome 7.

Adequate parking was available at the front of the building.

Judgment:

Non Compliant - Moderate

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:

This outcome was not inspected against other than to follow up on actions from the previous inspection.

It was noted at that time that the ventilation system in the smokers' room was not sufficient to prevent the smoke from entering the corridors. This had been addressed and at the time of inspection, there was no smell of smoke on the corridors.

The inspector saw that adequate arrangements were now in place for residents to store their toiletries in the shared en-suites which had been identified as an action required from the previous inspection.

It was also noted that because of the size and layout of the laundry segregation of clean and dirty laundry was not possible which posed a risk of cross infection. The inspector found that this had not been addressed as agreed in the action plan.

Judgment:

Non Compliant - Moderate

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 Doyle
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:	Castle Gardens Nursing Home
Centre ID:	OSV-0000696
Date of inspection:	26/02/2018
Date of response:	23/03/2018

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:

Some gaps were noted in the care planning documentation.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

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

The Person in Charge has commenced a review of all care plans and will ensure that they are individualised, person-centred and that they accurately reflect each resident's care requirements, including when restrictive practices are employed.

Proposed Timescale: 30/04/2018

Theme:

Safe care and support

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

There was limited evidence of resident or relative consultation at care plan reviews.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Person in Charge will ensure that residents or their representatives, where appropriate, are consulted and involved in the development of the care plan. A record of the consultation will be documented in the resident's clinical notes.

Proposed Timescale: 30/04/2018

Theme:

Safe care and support

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

There was limited documented evidence to show that residents were consistently afforded the opportunity to outline their wishes regarding end of life.

3. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

The Person in Charge will ensure that residents or their representative where appropriate, are consulted and given an opportunity to express their views and preferences regarding their end of life wishes as part of their care plan development and this will be discussed as part of each care plan review.

Proposed Timescale: 30/04/2018

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

There was limited documented evidence that safety checks were completed when restraint was in use.

4. 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:

The recording of safety checks has been improved and the documentation of restrictive practices is now in accordance with the national standards. The Person in Charge or staff nurse will review the safety check records on a daily basis to ensure that they are consistent with the recommendations in the care plan.

Proposed Timescale: 31/03/2018

Theme:

Safe care and support

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

Some staff had not attended safeguarding training in line with the regulations.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff in post have completed Safeguarding training in line with the regulations. Safeguarding training will be provided to all new staff as part of their induction process.

Proposed Timescale: 24/03/2018

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:

The inspector observed that, in some cases, there was a lack of respect and dignity for residents.

6. Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

We will ensure that each resident is facilitated to communicate and exercise their choice and control over their lives in an environment that promotes the dignity of all residents, including those with a cognitive impairment or a diagnosis of dementia. We will ensure that there is open communication and effective clinical leadership in an environment where dignity and respect are an integral part of the culture of the home.

We will improve the quality of the service of snacks and drinks, ensuring that these are served appropriately and respectfully to residents.

Further education in Care of the Resident with Dementia and Basic Food Handling will be provided to care staff.

All unmarked underwear has been removed from the facility and a reliable clothes labelling system has been introduced. The Person in Charge will regularly check that staff are complying with the agreed system of labelling residents' clothing.

Proposed Timescale: 31/05/2018

Theme:

Person-centred care and support

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

The small televisions discussed under Outcome 6 along with the menu size discussed under Outcome 1 both impacted on residents' abilities to have access to information in an accessible format.

7. 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:

We will upgrade the televisions in the double bedrooms.

We will improve the quality of the menu display and will provide a pictorial menu board.

Proposed Timescale: 30/06/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Three of four staff files reviewed did not meet the requirements of the regulations.

8. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The staff files have been reviewed and all files now include an explanation of any gaps in employment history. The missing reference from the employee's most recent employment has been obtained.

Proposed Timescale: 31/03/2018

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:

Storage arrangements were inadequate.

Improvements are required to ensure the premises meets the needs of residents with dementia.

9. 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:

We will ensure that trolleys are appropriately stored when not in use and that the sluice rooms are not used for inappropriate storage of equipment.

We will provide more pictorial directional signage throughout the centre and will enhance aspects of the internal environment to better meet the needs of residents with dementia. The current activities room will be reviewed and adjustments made to ensure that the space is suitable to meet the needs of residents with dementia.

A landscape contractor will be engaged to maintain the external environment.

Proposed Timescale: 30/06/2018

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:

Because of the size and layout of the laundry, segregation of clean and dirty laundry was not possible which posed a risk of cross infection.

10. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

We will review the layout and function of the laundry room and will implement a system to segregate clean and dirty laundry, in order to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections can be carried out.

Proposed Timescale: 30/06/2018