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## Flannerys Nursing Home, OSV-0000341, 1 May 2018

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Flannery's Nursing Home
<b>Centre ID:</b>	OSV-0000341
<b>Centre address:</b>	Chapel Road, Abbeyknockmoy, Tuam, Galway.
<b>Telephone number:</b>	093 43 130
<b>Email address:</b>	mary@flannerynursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Flannery's Nursing Home Limited
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Mary McCann
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	23

**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: 01 May 2018 09:00 To: 01 May 2018 17:30

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

**Summary of findings from this inspection**

This was an unannounced inspection conducted to determine the standard of care and quality of live for people with dementia living in the centre. The inspectors focused on six outcomes that had direct impact on dementia care. Prior to the inspection, the person in charge completed the provider self-assessment and assessed 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. Inspectors reviewed the self-assessment questionnaire submitted by the provider prior to inspection and noted that the relevant policies were in place. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority and evidence-based guidance was developed to convey information on best practice in dementia care and the inspection process.

The inspectors met with residents and staff members during the inspection. They tracked the journey of a number of residents with dementia and observed care practices and interactions between staff and residents using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff training records.

Flannery's Nursing Home is a modern purpose-built single-storey premises, which provides residential care for 61 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with ensuite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

There were 38 residents accommodated at the time of inspection and almost a third had a diagnosis of dementia. 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 following admission and care plans were in place to meet their assessed needs. The health needs of residents were met to a good standard however social care provision for residents with specialist needs required improvement to effectively meet their needs. Residents had access to general practitioner (GP) services and evidence-based nursing care was provided, however, access to some allied health professionals required improvement to ensure residents were assessed appropriately and had access to interventions to ensure their overall wellbeing.

The dining experience was a social pleasant occasion, and residents who required assistance at meal times were supported in a dignified and respectful way by staff. During the lunch time period staff were observed to offer assistance when needed. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity.

During the day, inspectors spent a period of time observing staff interactions with residents. Inspectors used the observation tool or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in different communal areas including a period of scheduled activity. Inspectors observed that staff knew the residents well and connected with each resident on a personal level. There were times however when residents were not supervised in the main communal area and some residents with additional needs did not have a regular social activity programme that engaged them in a meaningful way. Residents told inspectors they enjoyed the activities available and described bingo, games, singing, art and baking as their favourite choices. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. There was an oratory where prayer and religious services were held regularly. Mass was celebrated weekly and residents were facilitated to exercise their political and religious rights.

Staff were familiar with residents' care needs and family backgrounds and efforts were continuously made to chat to them about daily life and local news. Care plans were in place and were noted to reflect residents' daily routines and personal choices. Some care plans were noted to require improvement to reflect social care interests and changes in health needs particularly where wound care problems were being treated.

The staff allocations were noted to require review as there were times when calls bells were ringing and not answered expediently and the activity staff was only available for five hours a day.

The areas noted to require attention during this inspection are identified under the outcomes reviewed and outlined for attention in the action plan at the end of this report. The inspectors found that improvement was required in the training opportunities offered to staff to ensure they had the required competences to meet residents' needs as several staff required training in dementia care, the management of responsive behaviours and in areas such as restraint management to ensure appropriate safeguards were in place. Staff also required refresher training in the mandatory topics of fire safety and adult protection.

Measures to protect residents from harm or abuse were in place but some improvements to the procedures were required as issues that could have been interpreted as safeguarding issues had been investigated as complaints. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff spoken to by inspectors confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. Staff confirmed that there were no barriers to raising issues of concern.

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

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

Inspectors found that resident's wellbeing and welfare was generally maintained to a good standard and that appropriate nursing and medical care was available. However, professional advice from allied health professionals such as occupational therapists was not accessed in some situations where specialist advice may have been beneficial.

There were 38 residents in the centre during this inspection. Fourteen had a diagnosis of dementia. Detailed assessments were undertaken prior to and following admission. The person in charge said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The assessment process included the use of validated tools to assess medical conditions, cognitive ability, vulnerability to nutrition risk, falls and pressure area problems. Care plans based on the completed assessments were prepared to advise and guide staff on the care to be delivered.

Care records described residents' views about their care and the contributions of family members were also recorded to inform the delivery of care. Actions required from the previous inspection had been completed. Inspectors saw that there were comprehensive details recorded where residents had complex problems. Decisions made in relation to active interventions at end of life or do not resuscitate decisions were reviewed regularly by doctors and the nursing care team. The standard of care planning in relation to dementia care was generally good with details on residents' backgrounds and lifestyles used to inform care practice. However social care needs were not described in a meaningful way as some residents care plans were found to lack detail on how their needs were to be met particularly where residents had communication problems. For example residents' capacity for independence, the social network they had prior to admission and how this could be preserved was not outlined. Meaningful stimulating activity for these residents also required development where residents exhibited responsive behaviours.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis or

more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. Inspectors also noted that individual preferences and habits around mealtimes were recorded.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans inspectors were satisfied that residents or their relatives had been given the opportunity to outline their wishes regarding end of life.

Residents had access to GP services and out-of-hours medical cover was provided. Other services were available on referral including speech and language therapy (SLT), dietetic services and physiotherapy services. Inspectors reviewed residents' records and found that where residents had been referred to these services the professionals' recommendation were transferred to care plans. Some residents with complex care needs or responsive behaviours were not routinely reviewed by specialist services to ensure that the care interventions in place adequately met their needs.

Wound care problems that had arisen were assessed by nurses and had dressing regimes in place that were resulting in improved outcomes for residents. The vulnerability and risk of such problems was not described in care records particularly when there were factors such as contractures that could lead to adverse outcomes. Photographs taken to show the progress of wounds were not dated and could not give an accurate account of the changes/progress of the wounds.

**Judgment:**

Non Compliant - Moderate

***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:**

The majority of staff had received training on identifying and responding to elder abuse however some staff had not received formal training although they had been provided with information on this topic. There was a policy in place which gave staff guidance on the assessment, reporting procedures and investigations of any allegation or incidents of abuse. The staff spoken to displayed good knowledge of the different forms of abuse and all were clear on how to report a suspicion or an allegation of abuse. The inspectors found that two matters that could have been addressed as protection issues had been

dealt with through the complaints procedure. These were discussed with the person in charge and senior nurses who recognized that the situations could have been addressed as safeguarding issues. While the matters were comprehensively addressed, the inspectors concluded that further training was required to ensure staff had appropriate knowledge to make an accurate interpretation of incidents to fully protect residents.

There were some bed rails in use to provide additional safety for residents who were at risk of falls. Improvements were required in how bedrail use was determined to be the most effective option for safety. Risk factors associated with use were not balanced with the safety features provided. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds and sensor mats were available as an alternative to bedrail use.

Some residents had episodes of responsive behaviour or behaviours that required substantial supervision to ensure their well-being. Inspectors saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were familiar with the behaviours that presented but several staff did not have training in managing responsive behaviours to guide their practice. During the inspection staff approached residents and supported them in a sensitive and appropriate manner.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as moderately compliant.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

Residents including residents with dementia were consulted and were supported to actively participate in the organisation of the centre. Residents confirmed that their views were sought and that staff listened to them and addressed issues they raised. Alternative communication strategies that could enable residents with communication problems to communicate more effectively were not in evidence.

Care plans conveyed the choices and decisions that residents had made in relation to their day to day life and routines. For example, information in one care plan indicated that the residents had good hearing and vision and could indicate their needs despite some speech difficulty. Another care plan conveyed that the resident could indicate their

wishes when staff talked to him directly and communicated the options available clearly. Information on levels of orientation to surroundings and if residents recognised where they lived was also available.

Staff interviewed conveyed good knowledge about the value of emotional support, sensory stimulation and reminiscence when supporting people with dementia. The inspectors observed staff and resident interactions using the quality of interactions schedule, (QUIS). The inspectors found that the quality of contacts were meaningful over the periods observed. Staff engaged residents in conversations, they talked about the news, how they were feeling and what was on television. The inspectors saw that staff checked with some residents to ensure the programme on television was one they liked to watch and positioned residents so they had a good view.

Staff were familiar with residents' day to day personal care needs, family backgrounds and interests. The inspectors noted that meaningful information to guide staff practice was recorded. There was information on what residents could do for themselves and this included for example if residents could to eat independently and also the support needed with personal care. Residents told inspectors that they had good freedom in the centre. They could vote, go out with family, have a telephone and visit other residents freely.

The activity programme was noted to be varied and included group and individual activities that were interactive, sensory or passive as required by residents. Residents told an inspector that games, exercises and discussions about news and local events were scheduled regularly and they enjoyed these. There were books, papers and magazines available for residents. The programme was updated and new activities such as art activity added to maintain interest the inspectors were told. The observation exercises indicated that while interactions were engaging and positive there were periods when some residents had no interaction and scheduled activities did not meet their needs. This was particularly relevant where residents who had intellectual disabilities had been admitted to the centre due to age related problems. This had disrupted their community and social network. The inspectors concluded that more appropriate social opportunities should be explored for these residents.

The inspectors saw that residents' choices in relation to important decisions such as their end of life care were recorded. Some residents had "Do not attempt cardio pulmonary resuscitation" in their care records indicating their preference, or a best interest decision, about whether an attempt should be made to resuscitate them in the event of a medical crisis. The inspectors saw that decisions about whether interventions should be attempted were made communally by people's general practitioners, family members and nursing staff, where they did not have the capacity to make this decision for themselves.

The action outlined in the last report that required signage to indicate the prevalence of the closed circuit television system was addressed. Signage was displayed in varied areas to alert residents and visitors to this equipment.

This outcome was judged as compliant in the self assessment and the inspectors judged it to be substantially compliant.

**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:**

A complaints procedure was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and addressed. The complaints procedure was displayed in the reception area and met regulatory requirements.

Residents the inspectors talked to described how they would make a complaint and said they felt staff would address any concerns or complaints they had.

There was a designated person to respond to complaints. The inspectors found from the records maintained that while complaints were investigated the records did not convey fully the actions taken to remedy the issue. For example the outcome of follow up meetings with people who had made complaints were not recorded or if the complainant was satisfied that the issue was satisfactorily addressed.

**Judgment:**  
Substantially 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 number and skill mix of staff required to meet the assessed health and social care needs of residents required review as there was evidence that some residents did not have their needs met in a meaningful way. Education and training on dementia care,

responsive behaviours and refresher training on statutory topics such as fire safety and adult protection required expansion to ensure that all staff were appropriately skilled to meet the diverse care needs of residents. The inspectors were told that staff were scheduled to attend training on the statutory topics and that three staff were due to attend dementia care training. An action plan in the last report required that staff had training in the management of responsive behaviours and this was in progress.

Staff were effectively supervised by the person in charge and nursing staff were observed to be available to provide advice and guidance throughout the inspection. As described throughout this report staff engaged positively with residents and to their requests for assistance. Staff the inspectors talked to were enthusiastic about their work and said they valued the contribution they made to residents' quality of life.

The recruitment procedures were reviewed and were found to meet legislative requirements. The required schedule 2 documents were available in the sample of staff files examined. The person in charge confirmed that vetting disclosures were obtained for all staff prior to them commencing work.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Effective care and support

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

**Findings:**  
The design and layout of the centre was suitable for its stated purpose and the premises largely took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The bedrooms are all single or double occupancy and have full ensuites. Bedrooms viewed were well organised and appropriately decorated with coordinated bed linen and curtains. Rooms had been personalised with ornaments, paintings and other items belonging to residents. Some residents had brought in items of furniture that they wished to keep and said that staff had encouraged them to make their rooms home like and to rearrange furniture to suit their needs.

The inspectors reviewed all premises areas. There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in colours used for floors, walls and handrails and signage to help way

finding for everybody. Hallways were wide and unobstructed and communal areas were easy to locate. Ensuites in bedrooms were visible from beds and armchairs to prompt residents to use these facilities. There was a variety of art work displayed on walls throughout the building which added interest for residents when walking around.

The centre was clean, tidy, well lit and well heated. Residents had access to equipment required to meet their needs and inspectors saw that equipment such as pressure relieving mattresses, high-low beds and hoists were available and regularly serviced. The corridors had handrails in place, bathrooms and toilets had grab rails in place and non slip floor covering was used throughout the centre.

The centre is located in spacious grounds in a rural area. The grounds are attractive with trees and shrubs to add interest for residents however the space is extensive and would not be suitable or safe for residents to use independently. The centre had a room designated for residents who smoke. The ventilation here required improvement as smoke intruded onto the corridor outside.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as substantially compliant.

**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:***

Geraldine Jolley  
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>	Flannery's Nursing Home
<b>Centre ID:</b>	OSV-0000341
<b>Date of inspection:</b>	01/05/2018
<b>Date of response:</b>	26/09/2018

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

Care plans for residents who had particular social care needs and responsive behaviours did not reflect the care interventions required to meet their needs.

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

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

<sup>1</sup> 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:**

All care plans have been reviewed and reflect the care interventions required to meet their needs.

**Proposed Timescale:** 02/07/2018

**Theme:**

Safe care and support

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

The services of allied health professionals had not been sought where residents had tissue viability problems or where residents had been admitted from specialist services.

**2. Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Flannery`s Nursing Home have a particularly good working relationship with the Consultant Nurse in Tissue Viability at UCHG. The Resident in question had been seen by "Plastics" in UCHG.

**Proposed Timescale:** 02/07/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Some residents had responsive behaviour problems however all staff did not have training in this topic to guide their practice.

**3. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Challenging/Responsive Behaviour course had been delivered in house on 30/04/2018. 20 of our staff members have received training and are upskilled. We will continue to deliver appropriate training as the need arises.

**Proposed Timescale:** 02/07/2018

**Theme:**

Safe care and support

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

The risk associated with the use of equipment such as bedrails was not described and the judgment that bedrails were required for safety was not balanced with any assessed risks.

**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:**

Flannery`s Nursing Homes ethos of care is to have a restraint free environment. Every Resident has a full assessment prior to any episode of restraint. This is in adherence with the national policy, and the requirements of statutory regulations and national standards. All staff are trained in its use. 4 staff nurses have attended training in Restrictive Practises. We are now using the risk balance assessment tool.

**Proposed Timescale:** 02/07/2018

**Theme:**

Safe care and support

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

Some staff were noted to require training on protection and safeguarding of residents.

**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:**

Elder Abuse training was provided in house of 30/04/2018. A further 6 staff members have received training in "Safeguarding Vulnerable Persons Awareness Programme" delivered by the HSE and National Safeguarding Office.

**Proposed Timescale:** 02/07/2018

**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 social care arrangements for some residents with specialist needs required review to ensure they had meaningful occupation and to ensure their social network was maintained.

**6. 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:**

The care plan has been reviewed to reflect changes made to the social care plan. We are in the process of sourcing a "Volunteer" to work with resident daily and improve connections with the community.

The care plan has been reviewed to reflect these changes.

**Proposed Timescale:** 31/07/2018

**Outcome 04: Complaints procedures****Theme:**

Person-centred care and support

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

The record of complaints did not fully convey the actions taken to resolve the issue or if the complainant was satisfied with the outcome.

**7. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A satisfaction note has been added and the complaint closed.

**Proposed Timescale:** 02/07/2018

**Outcome 05: Suitable Staffing****Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

Education and training on dementia care, responsive behaviours and refresher training on statutory topics such as fire safety and adult protection required expansion to ensure that all staff were appropriately skilled to meet the diverse care needs of residents.

**8. 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:**

Fire Safety lecture is delivered in house yearly. Monthly fire drills take part in house also. All staff are trained.

Another three members of staff are attending a two-day course in Dementia Care-Enhancing and Enabling Wellbeing for the Person with Dementia on 27th June and 11th July.

We will continue to upskill staff as the need arises.

**Proposed Timescale:** 31/07/2018

**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:**

The following areas were noted to require attention:

The garden space is extensive and is not suitable or safe for residents to use independently.

The ventilation in the smoking area required improvement as smoke intruded onto the corridor outside.

**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 are in the process of developing a small secure garden (Dementia specific) with access to it from the main dining area. To be completed by 31/07/2018.

The smoke room is ventilated by the window and an electric fan. The fan is cleaned and maintained regularly.

A Resident who smokes requires the smoke room door to remain open whilst she is smoking. Occasionally this can waft onto the corridor outside.

**Proposed Timescale:** 31/07/2018