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Beach Hill Manor, OSV-0000320, 7 August 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:	Beach Hill Manor
Centre ID:	OSV-0000320
Centre address:	Lisfannon, Fahan, Donegal.
Telephone number:	074 932 0300
Email address:	beachhillmanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes Unlimited Company
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	2

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:
07 August 2018 12:00	07 August 2018 17:30
08 August 2018 09:00	08 August 2018 17:00

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	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

This inspection was carried out to monitor the care and welfare of residents with dementia. The centre did not have a special dementia care unit but 20 residents had some form of dementia.

The inspector followed up on the actions following the previous inspection in November 2016 and found they had been completed with the exception of the provision of a safe external garden space, vacancy of a staff nurse (recruitment is in progress) and the provision of activities to meet residents' individual capacities and

capabilities.

The inspector also followed up on notifications submitted by the provider since the previous inspection and was assured that the actions taken by staff and management were appropriate and in line with the centre's policies.

The methodology for this inspection included gathering the views of residents, relatives and staff and assessing how residents with dementia had experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

A self-assessment form completed by the provider in preparation for this inspection was also reviewed. This identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above.

Improvements identified by the provider included:

- A review of care plans.
- A more structured plan for family meetings, the provision of named nurses and key workers.
- Review of the admission, discharge and transfer policy.
- Staff training in dementia care and responsive behaviours including the GEMs model.
- The provision of meaningful activities to take place when the therapy assistants are not in the centre.
- Increased support for residents with communication difficulties.
- Plan and develop sensory/dementia friendly horticultural activities.
- Improvement in appropriate signage.

Some of these matters had been addressed or were in progress. The inspector concurred with the provider for the need to improve the provision of activities to residents and having a therapeutic environment including appropriate signage.

Since the previous inspection persons participating in management had changed and the current persons were interviewed during this inspection. Those participating in this process were found to be satisfactory and knowledgeable of the regulations and standards. Governance and management of the centre was effective and the staff team were led by a manager who had good clinical knowledge.

The health and social care needs of residents were met and there was evidence to judge that end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident's needs. Medication management was satisfactory and the nutritional needs of residents were met.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the action to

take if they witness, suspect or were informed of any abuse taking place.

There were policies and practices in place around managing responsive and psychological behaviours and using methods of restraint.

Other matters in relation to the implementation of the risk management policy/fire safety precautions were noted and forms part of this inspection report.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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:

The matter arising from the previous inspection was in relation to updating end of life care plans. This was satisfactorily actioned. The inspector found that there were policies and procedures in place to ensure residents received a good standard of end-of-life care which was person centred and respected their preferences. The inspector viewed some residents' care plans and these detailed the views and wishes of residents regarding their preferences for end-of-life care. At the time of the inspection no residents were receiving end of life care but the palliative care team were available if necessary. Staff told the inspector that the palliative care services offered a prompt and effective service. The staff team confirmed that relatives were welcome to stay with their relative and they encouraged them to do so and provided drinks and snacks during their stay. Staff had participated in training in end of life care. Nurses were well informed about end of life care and offered appropriate pain relief options where needed. The resuscitation status and medical situation that prevailed were discussed with family members and their views were considered and reflected in care and medical records. Residents' cultural and religious needs were supported and arrangements were put in place to ensure that residents received the spiritual care they requested. There was a policy on consent with evidence that residents' wishes relating to treatment and care being discussed at family meetings was respected.

Primarily residents were admitted to the centre for long term care but some residents were being accommodated for periods of respite/convalescence care. There were 30 residents assessed as having maximum(5) and high level (25) care needs, 11 residents were assessed as having medium needs and 5 residents had low care needs.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of evidence based nursing and medical. The Positive Approaches to Brain Changes GEMS model had been adopted. This emphasised the need to focus on remaining abilities rather than capacity losses. The model outlines abilities, characteristics and responsive behaviours of residents with dementia/cognitive impairments and provided staff with guidance on how to interact and provide support and care focusing on residents' preserved skills.

Some of the improvements to be achieved as a result of self-assessment in health and social care included a review of care plans to ensure that they are person centred and give sufficient direction to staff and to provide a more structured plan for family meetings. The inspector reviewed a sample of residents' nursing and medical records. These records confirmed that residents were assessed prior to admission to the centre. The pre admission assessment documentation was available in the residents' files. On admission to the centre each resident's needs were comprehensively assessed using a number of risk assessment tools, for example, risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements.

Each resident had a care plan completed that was maintained on a computer programme. This identified their needs and the care and support interventions that were implemented by staff to meet their assessed needs. Care plans for four residents with dementia and the management of nutrition and wound care were examined. These provided a good overview of residents' care and how care was delivered. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. There were two wound care problems in receipt of treatment. The care records described the extent of the wounds, the dressings used and the progress/change in condition from one dressing change to another. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals.

Residents were offered a choice of general practitioners and out of hours service was available.

Arrangements were in place to review and update care plans on a regular basis and there was evidence of involvement by the residents or their next of kin at family meetings.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. A letter was completed by staff in the centre for residents requiring in-patient care in the acute hospital care setting.

There were assessment and care procedures in place to ensure residents' nutritional needs were met and that they did not experience dietary or hydration deficits. Residents' weights were checked on a monthly basis or more frequently if necessary. Diet and fluid intake records were used as appropriate. Reference sheets were available to all staff including catering outlining residents' special diets including diabetic, modified and thickened consistency diets. There was evidence of the involvement of Allied health professional's such as speech and language therapists and dieticians. During the meal times staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident they were giving assistance and were seen to patiently and gently encourage the resident throughout their meal. Independence was promoted and

residents were encouraged to eat their meal at their own pace by themselves or with minimal assistance to improve and maintain their functional capacity. The quality of interactions was found to be person centred. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to residents about their family, previous interests or working life.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Nursing staff were observed administering medicines to residents by explaining to them what the medication was for and what they needed to do to take their medication. Details of all medicines administered were recorded by nurses. The inspector saw that a medication management audit had been completed. The pharmacist visits and provides support as necessary. Prescription records included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. Medications that required special control measures were safely managed and kept securely in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

Notifications in respect of allegations of suspected or confirmed abuse to a resident was submitted to HIQA in April 2018 and June 2017. These were discussed with the person in charge at the time of the incident and were further reviewed on inspection. These

matters were satisfactorily addressed in accordance with the designated centres policies and procedures and HSE safeguarding protocols.

There was a policy/procedure in place about behavioural and psychological signs and symptoms of dementia and restrictive practices. These were clear and gave good instructions to guide staff practice.

A review of training records indicated that staff were provided with up-to- date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. At the time of the inspection there were no residents displaying such behaviours. However, from past experience staff described potential triggers, the use of behaviour charts and interventions that could be adopted such as redirection, distraction and diversion and noise reduction.

The inspector saw that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication. Staff focused on a proactive and positive approach to residents.

Residents had a section in their care plan that covered communication needs and staff were familiar with this. There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails (only 1 in use) was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff were clear these measures were as a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There were systems in place to safeguard residents' money. The centre acts as an agent for two residents and this money is held in residents' accounts separate to the centre's account. Policies/procedures, systems and practices were in place to manage small amounts of money on behalf of some residents. The inspector was informed of the process which included documenting transactions, for example, lodgments, withdrawals and balances and having the signatures of two available on the records.

Judgment:
Compliant

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 matter arising from the previous inspection related to the provision of stimulating and creative activities to meet residents' individual needs and capacities. This matter was not fully actioned. The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS)) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations of two group activities took place in the sitting/activity room in the afternoon and in the morning. One session was led by the activity coordinator and the other was facilitated by a staff member. The inspector observed that the staff members knew the residents well and connected with each resident therefore scoring + 2. Reminiscence, arm chair exercises, and hand massages were therapies used to improve and maintain memory function during the observation period. However, there were some residents who did not have an opportunity to participate in activities.

There was information available in "Key to Me" documents to inform staff about residents past life styles and the inspector found that these were used by staff to inform the activity schedule and the delivery of social care. Regular activities included puzzles, bingo, arts and crafts and doll therapy. A hairdressing facilities is available in the centre.

The inspector was informed that residents had many outings in the community this year, for example, a vintage tea party, participating in a country and western family day, visiting a pet farm and attending an active ageing group.

The inspector was informed that the weekly programme included evenings and weekends. The inspector observed that some residents were spending time in their own rooms, and enjoyed reading and watching television, or taking a nap. Other residents were seen to be spending time in the communal areas of the centre. Newspapers and magazines were available.

The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns.

There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner and resident's privacy was respected as staff knocked on the residents' bedroom doors

prior to entering.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. Relatives confirmed that they were offered refreshments during their visit and this contributed to a homely atmosphere. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately.

There was evidence that residents and relatives were involved and included in decisions about the life of the centre. There was a residents' forum which met regularly. There was a notice board available in the unit providing information to residents and visitors. External advocacy services were available to residents.

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 policy/procedures was in place regarding the management of complaints and it met the requirements of the regulations. This procedure in leaflet format was on display. There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not. Views expressed by residents and relatives confirmed that management and staff were approachable if they had a complaint or suggestions to improve the service.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

The matter arising from the previous inspection related to the insufficiency of nursing staff. Since the last inspection additional nursing staff have been recruited. The recruitment process and a sample of documents in respect of persons working at the designated centre were reviewed and these were found to meet the requirements of Schedule 2 of the legislation. The company are actively recruiting for a staff nurse but during this process the current staff were working additional hours. Agency staff were not working in the centre.

The numbers and skill mix of staff were sufficient to meet the needs of residents. There were two nurses on duty daily and this included the person in charge Monday to Friday. There were six carers on duty from 08:00 hours to 20:00 hours and to complement this staff group 3 carers were rostered to work from 08:00 hours to noon, to 14:00 hours and 13:00 hours. This number included a senior healthcare assistant who allocated workloads and provided guidance to the care staff team.

An additional carer was on duty during the evening and early night from 17:00 hours to 22:00 hours to support the night duty complement of one nurse and two carers. In addition there was catering, household, administration, an activity staff member, maintenance and laundry staff on duty.

There was a clear organisational structure and reporting relationships in place.

The company has a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling and safeguarding vulnerable persons. The staff also had access to a range of education appropriate to their roles and responsibilities, including dementia care, end of life and restraint. Staff confirmed that they were supported to carry out their work by the provider and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care.

The inspector saw records of regular meetings at which operational and staffing issues were discussed. Copies of the regulations and standards were available and increasing staffs' knowledge was one of the improvements to be made following completion of the pre-inspection questionnaire.

Staff confirmed that there were good supports available to them and there was good staff morale. Staff and residents said the person in charge was approachable and available whenever they need to talk to him or to relay information.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The matter arising from the previous inspection identified that there was no external safe garden space/grounds for residents' use. This matter has been highlighted in previous inspection reports and the provider and person in charge has given consideration to the matter and identified completion dates set for example 30/04/2017, however, it has not yet been actioned.

The centre is a purpose built single storey residential care facility that can accommodate 48 residents. It is situated on the outskirts of a small village.

There was adequate private and communal accommodation. Two separate sittings were accommodated at each meal time in the centrally located dining room. Other facilities include a visitors' room, office space, a catering kitchen and a quiet area for reflection or prayer. Bedroom accommodation comprises of thirty four single ensuite bedrooms and seven twin ensuite bedrooms. Bedrooms were adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed and in the ensuite areas. Suitable lighting was provided and switches were within residents reach. Residents confirmed that their rooms were comfortable. Hallways had handrails that were visible. There were appropriate shower and toilet facilities to meet the needs of dependent persons. Toilets were located close to day rooms for residents' convenience. There was a bath available so residents had a choice to have a bath if they wish. A range of specialist equipment was available. The building was well maintained.

The inspector noted that while there were some good dementia friendly features and some residents' doors had symbols to help them identify their rooms there was scope to improve. There was a lack of good signage which included objects and multiple cues and limited contrasting colours on the walls of the corridors and doors to support residents to find their way around. The three main corridors had the same colour scheme.

Some chairs in a sitting room were damaged and needed repair or replacement. The flooring in the ensuite of a bedroom was split and in need of repair.

Staff facilities were provided.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

The matters arising from the previous inspection related to having fire drills, particularly, in the largest area of the centre and up to date admission and risk management policies/procedures. These had been actioned.

During this inspection the following risks and fire safety issues were noted:

- Safe moving and handling of residents.
- At times throughout the inspection fire doors to the main communal rooms were wedged open or blocked by furniture so in the event of an emergency this may have a significantly impact on the safety of residents.
- Safe, infection prevention and control measures, particularly in relation to wash hand facilities in the treatment room.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

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

Findings:

The matter arising from the previous inspection related to the appointment of deputy managers. This matter has been fully actioned and during this inspection the two recently recruited managers participated in a satisfactory fit person interview. The inspector found both staff members knowledgeable regarding the legislation, standards and residents' care.

Judgment:

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:

Siobhan Kennedy
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:	Beach Hill Manor
Centre ID:	OSV-0000320
Date of inspection:	07/08/2018
Date of response:	18/09/2018

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 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some residents did not have an opportunity to participate in activities in accordance with their interests and capacities.

1. 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.

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:

Meaningful Activities assessments have been completed with all residents acknowledging individual resident choice to decline participation in structured activities within the centre.

The Activity Schedule has been reviewed and modified in line with the completed Meaningful Activities assessments.

Proposed Timescale: 12/09/2018

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 matters did not conform to the matters set out in schedule 6, having regard to the needs of the residents of the centre:

- External grounds/garden space was not provided for residents which are suitable and safe.
- There was a lack of good signage which included objects and multiple cues and limited contrasting colours on the walls of the corridors and doors to support residents to find their way around.
- Some chairs in the sitting room were damaged and needed repair or replacement.
- The flooring in the ensuite of a bedroom was split and in need of repair.

2. 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:

15 November 2018 / 31 March 2019

- Beach Hill Manor has employed a fire engineer who has negotiated with the Fire Authority successfully obtaining approval for a redesigned Dementia Garden adjoined to the centre, to be completed by March 2019.
- Signage, objects, colour selection and cues will be reviewed by our Positive Approaches in Dementia Care trainer and adjusted accordingly.
- A constant review of all seating is ongoing
- The flooring of one ensuite has been addressed.

Proposed Timescale: 31/03/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy/procedure had not been implemented in respect of identifying and assessing risks associated with the safe moving and handling of residents.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Although all staff were trained in people moving and manual handling on the dates of inspection, the inspector identified a practice gap during inspection with an individual care assistant of which was addressed by the Person In Charge following feedback. Continuous observations of practice will be monitored by the Person In Charge.

Proposed Timescale: 18/09/2018

Theme:

Safe care and support

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

Equipment/procedures, consistent with the standards for the prevention and control of healthcare associated infections were not implemented by staff.

4. 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:

The inspectors comments have been noted in regard to the use of the stainless steel sink in the treatment room and as is standard practice, training on infection control and hand hygiene continues to be delivered.

Proposed Timescale: 18/09/2018

Theme:

Safe care and support

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

Fire doors to the main communal rooms were wedged open or blocked by furniture so

in the event of an emergency this may have a significantly impact on the safety of residents.

5. Action Required:

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

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

Furniture arrangements have been revised in all communal rooms to ensure a safe evacuation route, including the installation of sound activated door closers which will release upon alarm sounding.

Proposed Timescale: 30/09/2018