

# eDeposit Ireland

## Arus Breffni, OSV-0000659, 15 December 2016

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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>	Arus Breffni
<b>Centre ID:</b>	OSV-0000659
<b>Centre address:</b>	Manorhamilton, Leitrim.
<b>Telephone number:</b>	071 985 5161
<b>Email address:</b>	emilio.victorino@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Geraldine Mullarkey
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 15 December 2016 09:00 To: 15 December 2016 19:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an unannounced monitoring inspection. The centre provides care for 25 residents requiring long term admission. The inspector reviewed all notifications of incidents received since the last inspection and followed up on the actions taken by the provider in response to the last inspection. Of the 9 actions reviewed from the previous inspection, 6 were complete, 1 action was in process and two were not adequately addressed.

The inspector spoke with residents, staff and the person in charge during the inspection. There was evidence that residents healthcare needs were met and those who spoke with the inspector were complimentary regarding the care they received. Residents had regular medical reviews and access to allied health services where required. There were appropriate staff recruitment arrangements in place, and staff had completed training in mandatory areas. The centre was clean and warm but in need of repainting in areas and refurbishment to detract from the clinical appearance.

Similar areas of non compliance were identified on this inspection as on the previous inspection regarding poorly completed care plans and there was poor linkage evident between some assessments and the care plans developed. Some areas of medication practice also required review. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

There were interim governance arrangements were in place as the post of person was vacant. This is discussed further under outcome 4. Systems were in place to ensure the quality and safety of the service. Clinical data was collected in areas such as medication management, restraint use and wound care and audit findings were discussed by the management team and used to inform practice.

On the previous inspection audit findings were not communicated to residents or their representative. The inspector reviewed this area and saw that a report on the quality improvements completed had been communicated to residents or their representatives at meetings of the residents committee.

**Judgment:**

Substantially Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had resigned his position since the last inspection. The authority

had been appropriately notified of this change. The acting person in charge was previously employed as a director of nursing in the centre and was well known by residents. She is registered nurse and worked full-time. She had good knowledge of the residents care needs of her statutory requirements under the regulations. She could clearly outline the various policies and procedures for the management of complaints, risk, emergencies and safeguarding. The vacant post was advertised at the time of the inspection.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
On the previous inspection, the directory of residents did not contain all the information required by schedule three of the regulations. The inspector reviewed the register and found it now included all of the required information required including a record of when a resident was transferred to another centre or hospital and the date of transfer and a record of the cause of death where a resident had died at the centre.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**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:**

Some measures in place to protect residents from being harmed or suffering abuse required review. There was a safeguarding policy available which was displayed in the centre which provided guidance to staff on managing allegations/ incidents of elder abuse. Staff could describe the various types of abuse and were clear on the reporting requirements. One allegations of abuse had been reported since the last inspection and the inspector saw that this had been investigated in accordance with the safeguarding policy. Training records reviewed by the inspector identified that staff had participated in training in the protection of residents from abuse.

The inspector looked at the procedures in place for managing residents finances which to ensure that residents were afforded the maximum protection. This was identified as requiring review by the person in charge on the previous inspection. The provider acted as an agent for six residents. and payments for these residents went directly into a residents private property account in for the Health Services Executive (HSE) in Tullamore. Statements were available showing all transactions and these accounts were audited by an external registered auditor. Small amounts of cash was also stored for some residents. All transactions were recorded but some records were on loose pieces of paper and didn't contain two staff signatures which did not afford the resident the maximum protection.

There was only one resident with a restraint in use and the inspector saw that a risk assessment was completed before the bedrail was put in place and there was evidence that alternative less restrictive options were first considered. There was a centre policy on restraint management available which was based on the national policy.

The inspector reviewed the care notes of one resident who had responsive behaviours. (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A record of each incident was recorded and the events that may have triggered the behaviour were noted. However, the care plan developed to guide staff was generic and gave limited guidance as to how to calm the resident or how to prevent an escalation in behaviour. An action has been included under outcome 11 requiring the provider to address this.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Good falls prevention and management practices were observed. Records were maintained of all accidents and incidents. The inspector saw that records were comprehensively completed and residents who sustained a fall were subject to neurological observation to ensure they did not sustain a head injury. There was evidence of learning from incidents that occurred and low entry beds and alarm mats were used to reduce the risk and to try and prevent re-occurrence. Risks identified were included on a risk register which was maintained electronically.

A physiotherapist was employed and completed a passive exercise programme with residents. Those who had sustained a fall were subsequently reviewed by the physiotherapist. There was evidence that equipment was regularly maintained. The centre itself was well maintained and corridors were free from obstructions. Handrails were provided along corridors to support residents and hand rails were provided in shower and toilet areas.

Appropriate arrangements were in place for fire detection and prevention. Records indicated that daily inspections of fire exits were carried out and the inspector saw that all fire exits were unobstructed and records were maintained to verify that the centres' fire alarm system, emergency lighting and fire equipment were regularly serviced.

Fire procedures were prominently displayed throughout the centre. There were records available which confirmed that all staff had attended training on fire prevention and evacuation. An emergency plan was in place to guide staff in responding to untoward events. The plan outlined the procedures to follow in the event of fire, flooding and other adverse events and there were contingency arrangements in place if the centre needed to be evacuated.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were written operational policies available to guide staff in relation to ordering, prescribing, storing and administration of medication which had been reviewed in July 2016. Residents were facilitated to keep their own pharmacist where possible but most chose to use a pharmacist near the centre.

Photographic identification was available on the drugs chart for each resident to ensure

the correct identity of the resident receiving the medication and reduce the risk of medication error. The inspector reviewed a sample of medication charts. The signature of the GP was present for each drug prescribed. Medication that needed to be crushed prior to administration for residents with swallowing difficulties was clearly identified on their medication charts by the GP. There was a system in place to ensure medication was regularly reviewed. The inspector saw that a sticker was used to identify review dates and to prompt staff when each residents' medication was due to be reviewed by their General Practitioner.

In the sample of medication administration sheets reviewed by the inspector, the route and dosage were clearly indicated and time of administration of medication was recorded. The inspector found on two medication administration records that the nurse had signed the chart before the medication was administered which was not in line with current guidelines and regulations. The inspector also identified that the for PRN (as required) medication, the maximum dosage to be administered in a 24 hour period was not clearly indicated in a number of medications.

There were processes in place for ensuring that any unused or out of date medication was returned safely to the pharmacy. The inspector saw that controlled drugs were stored securely and there were appropriate systems in place for handling this medication in accordance with current guidelines and legislation. There were checked at the end of each shift and the records signed by two staff members. In a random sample audited by the inspector the balance in stock agreed with the balance recorded.

**Judgment:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**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:**

In general residents were well cared for and their nursing and care needs were met. Two General Practitioners provided a service to the centre, and the person in charge said that where possible, residents could retain the services of their own GP. Support services such as speech and language therapy, dietetic services, physiotherapy, occupational therapy and tissue viability were available to residents on referral.

The residents had a range of healthcare problems associated with age and the majority had more than one medical condition. In the records reviewed, a pre-admission assessment had been completed for each resident prior to admission to ensure that their care needs could be met. Residents' needs were assessed on admission using a range of recognised assessment tools and a nursing assessments was completed to determine care needs.

On the day of the inspection there were 24 residents accommodated. Sixteen were assessed as having maximum care needs, 7 had high care needs and one resident had medium care needs. Six residents had a diagnosis of dementia and six had some element of cognitive impairment. The inspector saw that processes were in place to ensure that when a resident was admitted, transferred or discharged to or from the centre, relevant information about their care was shared with acute services.

The inspector reviewed four care plans in total. Residents were screened for their risk of sustaining a fall, the risk of absconding, the risk of developing pressure sores, and weight loss. Moving and handling assessments and nutritional care assessments were also completed. The care plans reviewed were developed within 48 hours admission to the centre to guide the staff as to the care required. Some of the care plans reviewed had standardised interventions and goals identified which had not been modified to reflect the residents' specific needs. These generic care plans did not give clear guidance to guide staff on how to meet the residents' care needs. For example, in care plans for residents with dementia, there was no indication as to how the dementia impacted on the residents daily life or the level of ability the resident retained or who they still recognised. Although a social history was completed, there was no indication of the activities the resident could still take part in. This issue was also identified on the previous inspection.

Care plans were updated at four monthly intervals or in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in most care plans reviewed. This was an action from the last inspection.

There were no residents with vascular wounds at the time of the inspection however the acting person in charge confirmed that the advice of a wound care specialist was available as required.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> On the previous inspection, the inspector identified that paintwork on bedroom walls and the ceiling and skirting boards were stained or marked and repainting was required. The acting person in charge confirmed that walls and skirting boards had been repainted since the last inspection however impacts from wheelchairs and other equipment had resulted in further damage to these areas.</p> <p>There is a need for an ongoing maintenance programme to ensure that all areas were regularly maintained. This action is repeated at the end of this report. While the centre was designed to meet the needs of dependent older people and it provided a comfortable environment, it was quite clinical in appearance and further consideration is required to providing a more home like environment to enhance the centre for residents and the use of contrasting colours schemes and visual cues would also aid recognition and help orientate residents with dementia.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><b><i>Outcome 14: End of Life Care</i></b> <b><i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i></b></p>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> On the previous inspection the inspector identified that end of life care plans were not available for all residents. In the sample of care records reviewed during this inspection care plans to guide end of life care were available but some were generic and didn't reflect the residents wishes. Some care plans contained appropriate information on the resident's wishes medical, spiritual, social and emotional wishes and evidenced discussions with the resident and their families but some were generic and did not capture the resident's end of life wishes. This action is repeated in the action plan that accompanies this report.</p> <p>The inspector reviewed the care plan of a resident who had recently deceased. There</p>

was evidence of a visit by the residents' priest and there was regular review by the GP in the days before the death. The local palliative care team were supporting the resident and assisting with pain relief. The progress notes recorded by staff evidenced that the residents' pain was well managed and the family were in attendance which was in accordance with the end of life wishes recorded in the residents care plan.

**Judgment:**

Substantially Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**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:**

On the previous inspection the inspector found that residents were required to confirm menu choices a day in advance of having their meals and were not provided with a copy of the menu to assist in making their choice. During this inspection the inspector found that this practice was largely unchanged however, the inspector was told by staff that if a resident wanted a choice other than that chosen the previous day, this was facilitated.

There were opportunities for the residents to participate in social activities and a social assessment was completed for each resident however, there was poor linkage evident between the assessments completed and the activities provided. An action has been included under outcome 11 to address this. There was an activities schedule in place which was facilitated by two activities coordinators. This included an exercise programme provided by an outside organisation. Staff had completed training in Sonas (a therapeutic activity for residents with dementia) .

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)***

**Regulations 2013 are held in respect of each staff member.**

**Theme:**  
Workforce

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

**Findings:**

The inspector observed that interactions with staff were positive and residents who spoke with the inspector were complimentary about the care provided by staff. A planned and actual staff rota was available. The rota confirmed that there was a nurse on duty in the centre at all times. The normal compliment of staff on duty in the centre was one nurse and four care assistants in the morning. This reduced to one nurse and four care assistants in the afternoon and at night there one nurse and one care assistant on duty from 9am until 9am. The inspector reviewed the staff roster for the Christmas period and observed that additional staff were rostered to work. The person in charge said that vacancies were filled by agency staff who completed their training in the centre and were familiar to residents.

A sample of staff files were reviewed by the inspector and these contained all of the information required in schedule two including evidence of Garda Siochana vetting. All nursing staff had up-to-date registration with An Bord Altranais. There was an ongoing training programme in place to ensure that all staff completed mandatory training in fire safety, manual handling and safeguarding of vulnerable adults.

**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:***

Marie Matthews  
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>	Arus Breffni
<b>Centre ID:</b>	OSV-0000659
<b>Date of inspection:</b>	15/12/2016
<b>Date of response:</b>	20/02/2017

### Requirements

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

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

### Outcome 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

Comprehensive and complete records of all financial transactions were not appropriately maintained

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

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

<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:**

To afford Residents maximum protection the Registered Provider will ensure staff implement the National Financial Regulations. This will include where there are Resident financial transactions, two staff signatures are recorded on the individual resident Patient Private Property Account Card held in the Card file container in a locked cabinet.

**Proposed Timescale:** 28/02/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

On two medication administration records reviewed that the nurse had signed the chart before the medication had been administered which was not in line with current guidelines and regulations.

The maximum dosage to be administered in a 24 hour period for 'as required' (PRN) medication was also not clearly indicated in a number of medications.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The Person In Charge will ensure nursing staff update their education in medication management and comply with current Guidelines and Regulations. The revised National Medication Policy will be implemented and the Person In Charge will ensure the policy is read and understood by all nurses.

The Person In Charge will ensure the maximum dosage to be administered in a 24 hour period for 'as required' (PRN) medication is clearly indicated in all Resident Medication charts.

**Proposed Timescale:** 31/03/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

**in the following respect:**

There was poor linkage evident between social care assessments and the activities provided to residents.

**3. 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.

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

The Person In Charge will review all Residents Care Plans to assess if they are Individual and contain linkage between social care assessments and the activities provided to residents. Following review Care Plans will be further developed to reflect each resident's specific social needs and how they can be met to include activities residents can still take part in.

**Proposed Timescale:** 30/04/2017

**Theme:**

Effective care and support

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

Some care plans were generic and did not contain sufficient person centred information to guide staff to ensure each residents health and social care needs were fully met.

**4. 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.

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

The Person In Charge will review all Residents Care Plans to assess if they are Individual and contain sufficient Person centred information to guide staff to ensure each resident's individual health and social care needs are fully met. Following review Care Plans will be further developed to reflect how each resident's health and social care needs are being fully met to include individual end of life wishes.

**Proposed Timescale:** 30/04/2017

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Paintwork on some walls and skirting boards were damaged and repainting was required.

Further consideration was required to provide a more home like environment and to enhance the centre for residents with dementia through use of contrasting colours schemes and visual cues to aid recognition and help orientate residents.

**5. 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:**

The Registered Provider will support the Person in Charge with the Residents Committee in agreeing plans for a more Home Like environment to include enhancing the centre for residents with dementia through use of contrasting colours schemes and visual cues to aid recognition and help orientate residents.

Following consultation with Residents and reviewing of best practice in colour schemes and signage to enhance the lived experience for people with Dementia a plan of work will be put in place to support a more home like environment.

**Proposed Timescale:** 30/09/2017