

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Centre address:	Hospital Road, New Ross, Wexford.
Telephone number:	051 400 200
Email address:	
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	8

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:
25 March 2019 10:30	25 March 2019 18:30
26 March 2019 09:00	26 March 2019 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Major
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Non Compliant - Major

Summary of findings from this inspection

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

New Houghton hospital is situated in New Ross town. There are two floors with 22 residents accommodated on each. A passenger lift and stairs provide access between

the floors. Residents' accommodation comprises eight four-bedded rooms, two three-bedded rooms and two twin rooms. Two beds are currently not in use. In addition, a single room is set aside on each floor for end-of-life care. All bedrooms have wash-hand basins. Communal space includes a day room on each floor along with a second dayroom on the first floor.

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

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment undertaken. Some improvement was required to ensure that care plans were updated to reflect the changes in resident's treatment.

There was evidence of good medication management practices. Some improvement was required to ensure that the frequency of administering medication to be given as and when required (PRN) was consistently recorded. There was no evidence that a choice of pharmacist was available to residents or that the obligations of the pharmacist to the resident as required under relevant legislation and guidance, were being met.

The inspector saw many examples of good practices in relation to maintaining residents' privacy and dignity but improvements which were identified previously had not been addressed within the agreed timescales.

Action required from the previous inspection relating to the undertaking of fire drills had been completed. An additional drill was carried out during the inspection. While the required action in relation to complaints was addressed, additional work was required to achieve compliance.

Significant action was required to address the ongoing non-compliances in relation to the premises and grounds. Further improvement was required to ensure that residents' rights were consistently protected. Other actions from the previous inspection not addressed during the agreed timescale included changes to the contract of care and adequate space for possessions.

Some improvement was also required to ensure consistent meaningful engagement by staff. Meals and mealtimes required improvements to ensure that choice was available to all residents. In addition, it was noted that the dining room which was also the day room, was too small to cater for the number of residents on the ground floor.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Samples of clinical documentation including nursing and resident records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. A detailed pre-admission assessment was carried out and looked at both the health and social needs of the potential resident.

The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, and their skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. Care plans were reviewed on a regular basis following consultation with the resident concerned, or where appropriate that resident's family.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including physiotherapy, occupational therapy, speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided either locally or in the centre.

The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. However, care plans were not consistently updated to reflect any recommendations made.

The inspector reviewed a sample of medication administration and prescription records. Some improvement was required as the frequency of administering medication to be given as and when required (PRN) was not consistently recorded. Pharmacy services were provided by the local general hospital. However, there was no evidence that a choice of pharmacist was available to residents or that the obligations of the pharmacist to the resident as required under relevant legislation and guidance, were being met.

Medications that required strict control measures (MDAs) were kept in a secure cabinet

in line with professional guidelines. Balances checked on inspection were correct.

The inspector visited the kitchen and noticed that it was well organised. Meals however were not prepared on site. They were provided by the general hospital in a cook-chill system and delivered three times a week. While this generally worked reasonably well, on one of the days of inspection, the second choice had not been delivered. The inspector noted that several residents found the meat tough and also that several residents had opted for goujons instead. This was the only other meat option available as the staff on site were able to prepare these. The inspector noted that some light cooking was done on the premises including eggs, some desserts and cakes etc. Residents were very appreciative of the home baking done on site and scones were a particular favourite.

The inspector also noted that for residents requiring their meal in a modified consistency, choices were again limited. Meals came prepackaged and frozen and were then heated before serving. While nicely presented in the frozen format, once thawed the food did not maintain its shape if removed from the plastic packaging. Staff told the inspector that they were unable to puree the main meal as an alternative as the consistency was not suitable for the residents.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietitian as required. Recommendations from these reviews were documented in the residents' notes.

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. Staff spoken with stated that the centre received support and advice from the local palliative care team. A single room was set aside on each floor to ensure adequate privacy for residents and their families at that time.

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 inspector found that measures were in place to protect residents from being

harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place to guide practice. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use.

During the inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatric services.

The inspector reviewed the use of restraint and noted that, although usage was still high, additional equipment, such as low beds and sensor alarms, had been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. Risk assessments were completed prior to use. Regular safety checks were completed when restrictive practices were in use.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances. External audits were carried out to ensure compliance with the policies in place.

The centre maintained comfort monies for a small number of residents and the inspector saw evidence that adequate financial records were maintained. All lodgements and withdrawals were documented and signed off by two signatories.

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:

Improvement was required to ensure that all interactions resulted in a positive outcome for residents and that their privacy and dignity was consistently respected.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 29% of interactions demonstrated positive connective care, 21% reflected task orientated care, 45% indicated neutral care, while 4% of interactions classed as institutional care. The positive connective care interactions occurred mainly during an activity session and during an assisted mealtime upstairs.

Generally, staff were seen to give an explanation to residents before they offered support and assistance. However, the inspector noted one staff member putting a clothes protector on a resident without asking permission or even explaining what was happening. General conversation, particularly during mealtimes was minimal with a concentration on the task rather than the social aspects of dining. These observations and results were discussed with the management who attended the feedback meeting as improvement is required.

Meals and mealtimes required improvement. Dining space was very limited, in particular on the ground floor. The room available was both a dining and sitting room. Two sittings were in place. In this area there were only two dining tables and the remainder of residents had their meal on the bed tables. Because this was the only communal space available to residents, residents who had their meal were just sitting at the side of the room watching other residents eating. Trays or full settings were not in use for residents using the bed tables. The inspector also noted that red plastic mugs instead of glasses were in use by the majority of residents for drinks during the dinner. There was no evidence that this was the residents' choice. When asked, some staff said that there were no glasses available. This was discussed in detail with the management team at the end of inspection.

Action required from the previous inspection relating to ensuring residents' privacy was maintained by providing adequate screening in bedrooms, had not been addressed in the agreed timescale. It was noted that screens in the multi-occupancy rooms were difficult to manoeuvre and did not always meet to provide full privacy. The inspector noted that residents had also asked for this to be addressed. The person in charge told the inspector of plans afoot to address this and the inspector saw that some quotes had been obtained. Never the less, this was to have been addressed before the end of December 2018 as agreed.

Action required from the previous inspection relating to wardrobe space for residents had not been addressed within the agreed timescale. As identified in previous inspection reports, there was a lack of storage space in the multi-occupancy bedrooms for residents to adequately store their clothes or personal memorabilia. Each resident had a narrow wardrobe and with a bedside locker attached, for the storing of small personal items. Each of these wardrobes was lockable. However, in the context of all residents in the centre receiving long term care and this was now their home: these wardrobes were

not adequate in size to meet residents' needs. These wardrobes were inadequate to afford any choice for the storage of residents' personal memorabilia and were inadequate to accommodate all residents' personal clothing or belongings.

Residents did not have access to daily newspapers barring the two residents who purchased them themselves.

Residents were facilitated to exercise their political and religious rights. Residents confirmed that these rights were upheld. Residents' right to refuse treatment or care interventions were respected.

There was a residents' committee in operation. The inspector viewed the minutes of some meetings and saw that suggestions made by residents had been taken on board.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

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:

The inspector read the complaints log and noted that the number of complaints received was minimal. The action required from the previous inspection relating to logging the complainant's level of satisfaction with the outcome had been addressed. However, the policy needed to be amended to include details of the persons nominated for specific roles as required by the regulations. In addition, the procedure was not on display in a prominent position as required by the regulations.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre.

It was noted that recruitment was ongoing in the centre to fill existing vacancies. Currently agency staff were used on a regular basis.

A staff training programme was in place and a record of training for all staff was available. All mandatory training was completed. The majority of staff had recently completed dementia specific training and additional training was planned.

There were no volunteers in the centre at the time of inspection.

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:

As identified in previous inspections, improvements were required in relation to the premises to meet the requirements of the regulations. Internally and externally, parts of the building were dilapidated and signs of neglect were visible. Maintenance issues were reported but not addressed or followed up. Trees that had been cut down for safety reasons were left lying around and the state of the ground in the car park posed a risk to the safety of residents, visitors and staff. The risk was identified in the risk register but no action had been taken to mitigate the risk.

Communal space was very limited particularly on the ground floor. It was noted that in total there is 43.5 square metres of communal space amongst 21 residents. This gives just over 2 square metres for each resident. This will not meet the requirements of the standards which state that a minimum of four square metres is provided for each resident. The day room also served as the dining room although there was only room for two tables even though up to 21 residents lived on this floor. As stated earlier meals were served over two sittings. However, even though the residents had their meal at the first sitting, there was no other room for them to go to other than their bedroom, and so they ended up sitting there while those residents at second sitting had their meal.

Other premises issues included inadequate space to store equipment. The inspector observed that equipment such as wheelchairs, assisted chairs and mobile hoists were unsuitably stored in sitting rooms and bathrooms. In addition, significant improvements were required to improve the external face of the centre and the general standard of décor and maintenance of the fabric of the premises.

Improvements were required internally and externally in relation to the maintenance of the centre. For example, internally there was a hole in the wall in the laundry room, where previously a tumble dryer had been located. This had been identified at previous inspections and had not been addressed within the agreed timescale.

There were plaster cracks in a number of places while a number of the corridor walls and some doors in the centre required repainting. Externally, the premises had an overall neglected appearance.

The surface of the hospital car park was very uneven and had numerous pot holes, to the extent that it had been identified by staff as a risk and was on the centre's risk register. It is important to note that there is no footpath leading to the premises, so staff, residents and visitors had to walk on this unsafe surface.

The exterior plaster of the premises had numerous cracks and the paintwork was worn and faded. In some parts of the building where plaster work had been replaced, these areas had not been painted, and this added to the overall neglected appearance of the centre. In addition, there were feature metal rails located on the flat roof over the gable ends of the premises. However, these rails were in need of repair or replacement. For example, there was evidence of significant rust on the rails, with whole sections of the rails missing as they had been completely rusted through.

The rear of the premises was very neglected looking with faded paintwork and areas not painted at all. Of particular note were the grounds to the rear of the premises. Trees etc. had been removed from this area, for safety reasons but final clean-up had not been undertaken and the area was both unsafe and unsightly. It was also strewn with litter and rubbish including some old equipment which was just placed beside the bins. This area of the premises was freely accessible from the front car park but was unsafe as it currently stands.

The inspector noted that many of the issues identified were already reported to maintenance on a weekly basis. It was unclear why they had not been addressed.

The inspector noted that efforts had been made to make the premises more dementia friendly. Contrasting colours were in use for example, red toilet seats had been put in all toilets. Some signage was available in both word and picture format to aid orientation. Large clocks and orientation boards were also located around the centre. A small safe secure garden area was available for residents and residents told the inspector how much they liked sitting and walking out there.

Never the less, significant improvements are required to ensure that all areas of the premises and grounds were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. This should also ensure that

layout and design of the centre meets the needs of the residents including the residents with dementia related conditions while meeting the requirements of the regulations.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

The inspector noted that the system in place to manage infected laundry was not sufficiently robust and was not in line with the policy in place. Staff outlined difficulties encountered by placing the infected linen in the machine without first removing the alginate bag (supplied with a dissolving strip to offer a hygienic solution to handling soiled laundry). The system therefore was that staff removed the infected linen from the bag before placing it in the washing machine. This posed a risk of infection and did not meet the standards required by national guidelines.

Action required from the previous inspections relating to a risk assessment to be carried out on unlocked storage rooms had been partially addressed. The risk assessment was completed but the doors were still unlocked.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

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

Findings:

It was not intended to review this outcome at this inspection. However, the governance and management arrangements in place in this designated centre did not ensure the

delivery of safe appropriate care to residents. This judgment is based on the findings of this inspection and on the failure to implement all of the actions from the previous inspection.

Six non-compliances from the previous inspection had not been addressed within the agreed timescale which had a negative impact on the residents' life in the centre. Resources were not put in place to ensure the upkeep of the centre. Maintenance issues were reported but not addressed or followed up. Appropriate controls were not put in place to address identified risks to the health and safety of residents, visitors and staff.

Vulnerable residents were not safeguarded by robust recruitment policies. The inspector found that garda vetting was not available for a new staff member due to start on the second day of inspection. Immediate action was taken to address this and the staff member was not permitted to start duty until this was completed.

Following the inspection, the provider submitted assurances that all existing staff had garda vetting in place.

Contracts of care were in place and set out the services provided and the fees to be charged. Some improvement was required as the inspector noted the contracts did not set out the terms relating to the bedroom to be provided to the resident and the number of other occupants of that bedroom, as required by the regulations. This had also been identified as a non-compliance at the last inspection.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	New Houghton Hospital
Centre ID:	OSV-0000603
Date of inspection:	25/03/2019
Date of response:	22/04/2019

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Care plans were not updated to reflect any recommendations made by the multidisciplinary team.

1. Action Required:

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

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

that resident's admission to the designated centre.

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

Review of care plans has taken place and staff have been informed in the importance of ensuring that communication is documented appropriately

Proposed Timescale: 30/03/2019

Theme:

Safe care and support

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

Choices were limited for residents requiring their meal in a modified consistency.

On the day of inspection, the second choice for the main meals had not been delivered.

2. Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Alternative way of providing food to the unit is being sourced at present but while this process is being looked the present system as been improved and there is choice for all residents

Proposed Timescale: 30/05/2019

Theme:

Safe care and support

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

While nicely presented in the frozen format, once thawed, the pureed food did not maintain its shape if removed from the plastic dish.

3. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Staff are ensuring that the pureed food is presented properly to residents

Proposed Timescale: 30/03/2019

Theme:

Safe care and support

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

There was no evidence that a choice of pharmacist was available to residents or that the obligations of the pharmacist to the resident as required under relevant legislation and guidance, were being met.

4. Action Required:

Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident's choice or who is acceptable to the resident.

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

Local pharmacist is being sourced to ensure compliance

Proposed Timescale: 30/08/2019

Theme:

Safe care and support

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

The frequency of administering medication to be given as and when required (PRN) was not consistently recorded.

5. 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:

All medications are delivered in accordance with the directions of the prescriber

Proposed Timescale: 28/03/2019

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:

Because of very limited communal space, residents had limited choice as to where they could have their meals.

6. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Another area is been refurbished to provide access for residents to have their meals

Proposed Timescale: 30/04/2019**Theme:**

Person-centred care and support

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

Trays or full settings were not in use for residents using the bed tables.

Red plastic mugs instead of glasses were in use by the majority of residents for drinks during the dinner.

7. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

All residents are given choice on colour of Delph and all tables are set fully for all meals

Proposed Timescale: 28/03/2019**Theme:**

Person-centred care and support

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

Adequate appropriate screening was not available in shared rooms.

8. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Screens are been sourced to ensure that dignity for all residents

Proposed Timescale: 30/05/2019

Theme:

Person-centred care and support

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

Residents did not have access to daily newspapers barring the two residents who purchased them themselves.

9. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

Extra televisions are being sourced and newspapers are being delivered for residents use

Proposed Timescale: 30/04/2019

Theme:

Person-centred care and support

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

Adequate storage space for residents was not provided.

10. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Extra wardrobes are being sourced at present

Proposed Timescale: 30/05/2019

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 complaints procedure was not on display in a prominent position.

11. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The policy was amended to include details of the persons nominated for specific roles as required by the regulations. The procedure has been displayed in a prominent position as required by the regulations.

Proposed Timescale: 30/03/2019

Theme:

Person-centred care and support

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

The complaints policy did not meet the requirements of the regulations.

12. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The policy was amended to include details of the persons nominated for specific roles as required by the regulations. The procedure has been displayed in a prominent position as required by the regulations

Proposed Timescale: 30/03/2019

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 premises were not appropriate to the number and needs of the residents.

13. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A compliance plan is been developed to ensure compliance with Regulation 3

Proposed Timescale: 30/06/2019

Theme:

Effective care and support

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

Sufficient storage space was not provided.

Adequate sitting, recreational and dining space was not available.

The premises were not kept in a good state of repair externally and internally.

External grounds were not suitable for and safe for use by residents.

14. 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:

Funding is being sourced to put the premises to upgrade the building

Proposed Timescale: 30/06/2019

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:

Store rooms remained unlocked.

15. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The risk management policy has been reviewed and ensure that risks identified are being controlled

Proposed Timescale: 31/03/2019

Theme:

Safe care and support

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

The system in place to manage infected laundry was not sufficiently robust and was not in line with the policy in place.

16. 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:

All procedures have been addressed and are in place to ensure compliance with the standards for the prevention and control of healthcare associated infections

Proposed Timescale: 30/03/2019

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no evidence of garda vetting on file for a new staff member.

17. Action Required:

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

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

A procedure has been put in place to ensure that a staff commencing has their disclosure on the HR File

Proposed Timescale: 27/03/2019

Theme:

Governance, Leadership and Management

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

Non-compliances from previous inspections had not been addressed within the agreed timescales.

18. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

The registered provider is at present looking at compliance plan to ensure effective delivery of care to residents

Proposed Timescale: 30/05/2019

Theme:

Governance, Leadership and Management

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

Resources were not put in place to ensure the upkeep of the centre.
Maintenance issues were reported but not addressed or followed up.

19. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

All maintenance issues have been addressed and Funding is being sourced to maintain the upkeep of the building

Proposed Timescale: 30/06/2019

Theme:

Governance, Leadership and Management

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

Contracts did not set out the terms relating to the bedroom to be provided to the resident and the number of other occupants of that bedroom, as required by the regulations.

20. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The contracts of all residents has been reviewed and necessary items were inserted as per regulation

Proposed Timescale: 30/03/2019