

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Doolagh's Park Care and Rehabilitation Centre
<b>Centre ID:</b>	ORG-0000173
<b>Centre address:</b>	Malahide Road, Balgriffin, Dublin 17.
<b>Telephone number:</b>	01 847 7950
<b>Email address:</b>	stdoolaghs@guardianhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Guardian Healthcare Limited (In Receivership)
<b>Provider Nominee:</b>	Keith Robinson
<b>Person in charge:</b>	Pauline Connor
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Marie Matthews
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	69
<b>Number of vacancies on the date of inspection:</b>	3

## **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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 11 February 2014 11:00 To: 11 February 2014 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This registration inspection was announced and took place over one day. The Authority had received an application for change of entity of the provider. As part of the registration inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident and incident logs, policies and procedures and staff files.

Prior to the inspection, inspectors reviewed written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire and planning authorities in relation to the use of the building as residential centre for older people. All documents submitted by the provider, for the purposes of

application to register were found to be satisfactory. The inspectors confirmed that the provider had fully addressed two actions from the last monitoring inspection which took place on 28 February 2013, one action relating to medication management remains outstanding.

Overall, the inspectors found the management team had undertaken some preparation for inspection and demonstrated this by meeting 10 of 18 Outcomes in a clear and comprehensive manner. However, eight outcomes were not met, these related to contracts of care, health and safety and risk, medication management, notification of incidents and healthcare records. Policies including the elder abuse policy, complaints policy and personal possessions policy required updating to reflect legislative requirements and practice within the centre. The Action Plans at the end of this report reflect these non-compliances.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was updated since the last inspection. It contained all the information outlined in schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A copy had been submitted to the chief inspector and inspectors saw copies were available to residents.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

All residents had a contract of care provided within one month of admission these were signed by the resident or their next of kin. However, they did not include the fees to be charged or details of all additional charges for services not covered in the contract.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure. The company had promoted existing staff and appointed a new member to the management team. The Groups Operations Manager, General Manager and the person in charge all commenced in their new posts in January 2014. The inspector found the management team were aware of their lines of responsibility and accountability and they appeared to work well together. They all reported to the nominated person on behalf of the provider. The new organisational structure was reflected in the statement of purpose. The person in charge worked full-time. She held the post of assistant director of nursing/key senior manager for over a year prior to been promoted to person in charge. She had a good clinical knowledge of residents' and demonstrated a good knowledge of the legislation and of her statutory responsibilities during the inspection process. Inspectors observed that residents knew her well.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The records listed in Part 6 of the Health Act 2007(Care and Welfare of Residents in The Designated Centres for Older People) Regulations 2009(as amended) were maintained in a safe, secure and easily retrievable manner. The centre was adequately insured, the inspector saw the provider had a liability to each resident not exceeding €1,000 against loss or damage to any one item. Policies listed in Schedule 5 were available for review and staff spoken with had a good knowledge of these policies.

### **Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge (PIC) had not been absent from the centre. However, inspectors were satisfied that suitable arrangements were in place for the management of the centre in the event of the absence of the PIC for 28 days or more. The general manager, a registered mental health nurse was named on the application to register as the key senior manager to take over in the absence of the PIC. This was confirmed on inspection and reflected in the statement of purpose. Inspectors reviewed documents submitted pre-inspection which confirmed the nominated person had the experience, knowledge and expertise to cover in the absence of the person in charge.

### **Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place. The centre and its grounds was safe and secure. Inspectors saw that a perimeter fence and secure gate had been erected around the grounds of the centre. There were safe and secure systems in place to safeguard residents' money with records of all transactions available for review. There was an elder abuse policy in place for the prevention, detection and response to abuse which all staff were trained on. Staff spoken with demonstrated a good knowledge of this policy. However, the policy did not provide guidance to staff in the event of one of the management team being the alleged abuser.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

### **Findings:**

There were adequate precautions against the risk of fire in place. Staff were clear on what to do in the event of the fire alarm sounding and evidence of annual staff attendance at fire training was viewed. An up-to-date Health and Safety statement was displayed at reception. The centre had a emergency plan in place and staff spoken with were familiar with the content of the plan. The policy to follow in the event of a resident absconding from the centre had been activated three times over the past twelve months. All three incidents were detailed in the incident record file and had been notified to the Authority. There was evidence of learning from each of these incidents. For example, inspectors saw that the policy had been reviewed to include a copy of fire evacuation plan issued to each member of the search party to ensure they could clearly mark each room they had searched. Also, the perimeter fence and secure entry gate had been erected post one of these incidents.

There was a risk management policy in place which covered the identification and management of risks and the measures in place to control these risks. However, inspectors saw two risks which were not included in the risk register. An infection control risk was identified with the storage of cleaning equipment including mops, mop buckets, a large green rubbish bin and rolls of clean bin liners in the sluice room. A falls risk was identified in a resident's bedroom as an extension lead was on the floor by the outer edge of the resident's bed. The resident residing in this bedroom had fallen, in the bedroom, within the last six months and sustained a serious injury. Manual handling practices observed were in line with best practice and staff confirmed they had received training.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The medication management policy in place covered the ordering, prescribing, storing and administration of medicines to residents. However, inspectors observed that the time of administration did not correspond with the time medications were prescribed for. Therefore, nurses were not adhering to the "Guidance to Nurses and Midwives on Medication Management" issued in July 2007 by An Bord Altranais agus Cnáimhseachais na hÉireann. Inspectors found the systems in place for storing all medications requiring strict control were safe and secure. The person in charge had systems in place for reviewing and monitoring compliance with the medication policy.

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

A detailed record of all incidents and accidents occurring in the designated centre was maintained. However, there was one accident which resulted in a resident attending a hospital for emergency treatment; it had not been notified to the Authority. Inspectors also noted that the system in place whereby each individual accident was to be followed up on was not being adhered to by staff. Therefore, there was no evidence available to show that all measures were been taken to avoid accidents re-occurring in the centre. Evidence referred to in outcome seven support this judgement.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The quality of care and experience of the residents was monitored and developed on an ongoing basis. The person in charge had systems in place to review and monitor the quality and safety of care and the quality of life for residents. Inspectors saw evidence that data collected on different aspects of care such as nursing documentation, falls, pressure ulcers and wounds was all analysed and used to measure the centres performance against best practices. There was evidence that the results of data analysed was feedback to staff. Residents meetings were held every month, minutes of which were displayed on resident notice boards, these showed evidence that issues brought to the attention of management were addressed.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Each resident's well being was maintained by appropriate input from medical, allied healthcare and nursing staff available within and those accessed outside the centre to

meet the diverse needs of residents. There were processes in place to ensure a multi-disciplinary approach was taken to plan the residents treatment/care plan. The care delivered encouraged and enabled residents to be independent and make healthy living choices. For example, inspectors observed one resident who was living in the centre for rehabilitation purposes, being observed by staff preparing his own healthy lunch in the newly renovated kitchen/living room. The resources available from outside agencies/organisations were brought into the centre and personnel worked closely with residents and staff to ensure an optimum rehabilitation plan was executed for the resident.

Inspectors found evidence that some assessments were not up-to-date and did not reflect the resident's actual need. For example, one resident's manual handling assessment which had just been updated stated, the resident mobilises with rollator. However, the care plan stated the resident used a zimmer frame to mobilise and the resident confirmed this to inspectors. Inspectors also found that care plans were not specific enough to ensure a high standard of nursing care was being delivered. For example, one resident was identified on 07/02/2014 as being at a high risk of developing a pressure ulcer. However, the resident's pressure ulcer care plan, did not reflect the fact that the resident was nursed on a pressure relieving mattress or a pressure relieving cushion when sitting in the chair and stated that pressure areas were to be checked periodically.

A number of resident continued to be physically restrained with bedrails and/or seatbelts. Inspectors reviewed the records in place for some of these residents and found completed assessment forms did not identify what alternatives were tried prior to physical restraint being used. This area of care needed to be improved to ensure residents were only being restrained as a last resort, that is after all other non-restraining alternatives had been trialled, tested and had failed.

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable way. Some re-

decorating had been done internally. For example, a rehabilitation kitchen/living room and adjoining sitting room had been put in place and inspectors saw these rooms were being used by residents. A new sitting/lounge room was in the process of being re-decorated. Inspectors found although adequate, the communal areas lacked the homely, comfortable appearance. The outside of the building and the window frames required attention, as the paint was peeling in several areas. However, inspectors were provided with a copy of the refurbishment plan for 2014 which included re-decorating communal areas to a more homely manner on both floors and re-painting the exterior of the building.

There was appropriate equipment for use by residents and staff which inspectors saw was maintained in good safe working order.

### **Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed all complaints and saw evidence that complaints were addressed promptly. Records of the complaints investigation, outcome and level of satisfaction of the complainant was recorded. The complaints policy on display at reception and in the statement of purpose did not reflect the legislative requirements or current practices. It did not clearly identify who the nominated person was to deal with all complaints, it did not provide clear details of the appeals process and did not identify the person nominated to ensure all complaints were appropriately responded to. Records showed the person investigating complaints and overseeing the investigation was the general manager. However, the person in charge told inspectors she was the person nominated to deal with all complaints and the person overseeing complaints was the nominated person on behalf of the provider.

### **Outcome 14: End of Life Care**

*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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found care practices and facilities were in place to ensure each resident received end-of-life care in a way that meets their individual needs and wishes while respecting their dignity and autonomy. The end-of-life policy had just been reviewed and was comprehensive. It included a specific end-of-life care plan which covered all aspects of end-of-life care. Inspectors reviewed records of one resident in receipt of end-of-life care, the assessments and care plan in place reflected the residents preferences and care needs. The centre had access to the local palliative care team.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Each resident was provided with food and drink at times and in quantities adequate to meet their needs. There was a policy for monitoring and documenting nutritional intake and inspectors saw evidence that this was reflected in practice. Inspectors saw food served at lunch time was properly prepared, cooked and served by appropriately trained catering staff. The food appeared wholesome and nutritious, with a choice of dishes available. Residents could see the food prior to selecting their preference and those spoken with were satisfied with the food on offer. Inspectors saw that assistance was available and offered to residents in a discrete and sensitive manner. Fresh drinking water was available in dining rooms.

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

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents are consulted with and participate in the organisation of the centre. Inspectors saw minutes of monthly held residents' meetings displayed on notice boards throughout the centre. This confirmed that residents' opinions were sought, acted upon and feedback provided to them at the next meeting. A newsletter was developed and published by residents and staff on a quarterly basis. It was also on display in residents' communal areas. Residents had access to different modes of communication to meet their needs. For example, communication devices, communal televisions and computers were available. Skype was available on one of the communal computers. Inspectors saw there were facilities for residents to meet visitors in private and there were no restrictions on visitors unless this had been requested by the resident or their next of kin or posed a risk to the resident in question.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Adequate space was provided for residents' personal possessions and their clothing was individually labelled. Residents could retain control of their personal possessions, inspectors saw residents could lock their bedroom and they had access to lockable storage space. There were records of residents' personal property available but these were not up-to-date. The policy in place on residents' personal property and possessions did not reflect current practice or the legislative requirements. For example, the policy stated only valuables needed to be recorded, the legislation states all residents' personal property. The policy states that residents must label all personnel clothing. However,

inspectors were informed laundry staff completed this task.

### **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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

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

**Findings:**

There were an appropriate number of staff scheduled on both day and night duty to meet the needs of the residents living in the centre. The skill mix of the staff appeared adequate and the feedback received from residents and their relatives on completed questionnaires confirmed this. There was at least one nurse on duty at all times on each of the two floors of the centre. Staff had up-to-date mandatory training in place and they confirmed they had access to education which they required to enable them to care for the residents. For example, a number had training in place on how to manage behaviour that was challenging and staff in management had received refresher training on trust and care and dealing with complaints in April 2013. Recruitment practices reviewed were in line with best practice. Registration details for staff nurses were available in their staff files, which also included all documents included in schedule 2. The administrator stated they currently had no volunteers working in the centre.

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Sheila McKeivitt



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St. Doolagh's Park Care and Rehabilitation Centre
<b>Centre ID:</b>	ORG-0000173
<b>Date of inspection:</b>	11/02/2014
<b>Date of response:</b>	05/03/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 02: Contract for the Provision of Services

**Theme:** Leadership, Governance and Management

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

The contracts of care did not include the fees to be charged or details of additional charges for services not covered in the contract of care.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

All contracts of Care will be amended and resigned to include the fees and additional fees to be charged for services not covered in the contract of care .

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

**Proposed Timescale:** 01/08/2014

### **Outcome 06: Safeguarding and Safety**

**Theme:** Safe Care and Support

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

The policy did not provide guidance to staff in the event of one of the management team being the alleged abuser.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

The Vulnerable Adults Protection policy has been updated to provide guidance to staff, which now contains specific details of who to contact in the event of a member of the management team being the alleged abuser.

**Proposed Timescale:** 01/04/2014

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Safe Care and Support

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

Two risks including a falls risk and an infection control risk were identified on inspection. These were not identified on the risk register and there were no control measures in place to control these risks.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

In relation to the infection control risk identified. All mop buckets; mops, green bins and bin liners have been removed from the sluice rooms and have been placed in alternative storage area which is accessible to all staff.

In relation to the falls risk identified in a resident's bedroom, maintenance has installed the appropriate sockets to ensure that the environment risk is reduced. The resident's current falls risk assessment has been updated to reflect the environmental changes. Maintenance have examined all other bedrooms in the home to identify any further

hazards and a schedule has been put in place for works where required.

**Proposed Timescale:** 28/02/2014

### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The procedures in place for recording the time of drug administration was not in accordance with : Guidance to Nurses and Midwives on Medication Management (July 2007), An Bord Altranais agus Cnáimhseachais na hÉireann.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

The drug recording chart has been amended to correspond with the prescribed medication times.

**Proposed Timescale:** 10/03/2014

### **Outcome 09: Notification of Incidents**

**Theme:** Safe Care and Support

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

The Authority had not been notified of one accident where a resident sustained an injury requiring treatment in hospital.

**Action Required:**

Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

The Authority has since been notified of this incident.

**Proposed Timescale:** 25/02/2014

## Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

Bedrails and seatbelts were been used as a form of restraint prior to alternative non restrictive methods been trialled.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

In relation to the seatbelts been used as a form of restraint, of the 69 residents residing in St Doolaghs on the day of inspection 14 residents in total were wearing seatbelts as a form of enabler. Evidence of this can be found in the resident's Multidisciplinary Enabler and Restraint Assessment form. The decision to use seatbelts as enablers is a result of both internal and external MDT input and is determined on case by case bases. In relation to the use of bedrails been used as a form of restraint, 16 residents had bedrails in place. Of the 16, 5 residents have requested to have the bedrails in place; this is highlighted in their Multidisciplinary Enabler and Restraint Assessment form. Of the 11 remaining residents assessed, the decision to use of bedrails was deemed the most appropriate method of optimising safety; however the organisation will strive to reduce this number within the coming year.

The organisation will also review all Multidisciplinary Enabler and Restraint assessment forms ensuring to clearly highlight all trailed non restrictive alternative methods.

**Proposed Timescale:** 01/12/2014

**Theme:** Effective Care and Support

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

The assessment did not reflect the resident's actual need and care plans were not specific to address the required needs of each resident.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The Care Plans reviewed on the day of inspection have been updated to reflect the residents' specific needs. In conjunction with this all residents care plans in St Doolaghs are under constant reviewed and updated at least 3 monthly.

**Proposed Timescale:** 01/04/2014

### **Outcome 13: Complaints procedures**

**Theme:** Person-centred care and support

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

The complaints policy was not clear, did not reflect the legislative requirements or current practices.

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

The Complaints policy on display has been amended to clearly identify the complaints officer within the centre and the nominated person independent of the complaints officer.

**Proposed Timescale:** 14/02/2014

### **Outcome 17: Residents clothing and personal property and possessions**

**Theme:** Person-centred care and support

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

The written operational policies and procedures relating to residents' personal property and possessions did not reflect legislative requirements or current practices.

**Action Required:**

Under Regulation 7 (1) you are required to: Put in place written operational policies and procedures relating to residents personal property and possessions.

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

The policy on the management of Residents Accounts and Property will be amended to comply with and reflect legislative requirements and current practice.

**Proposed Timescale:** 01/05/2014

**Theme:** Person-centred care and support

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

Records of each resident's personal property was not kept up-to-date.

**Action Required:**

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

All residents' belongings charts will be updated and reviewed on annual bases. A new recording chart has been devised for this purpose and has been added to the Management of Residents Accounts and Property Policy as appendix 1.

**Proposed Timescale:** 01/05/2014