<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oriel House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000689</td>
</tr>
<tr>
<td>Centre address:</td>
<td>St. Davnet's Complex, Rooskey, Monaghan.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>047 816 77</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:geraldine.smyth@hse.ie">geraldine.smyth@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Cathal Hand</td>
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<tr>
<td>Person in charge:</td>
<td>Geraldine Smyth</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 judgements 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 26 February 2014 10:00  
To: 26 February 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Contract for the Provision of Services</td>
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<td>Outcome 03: Suitable Person in Charge</td>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

**Summary of findings from this inspection**

The inspector ascertained the views of residents relatives and staff members, observed practices and reviewed documentation such as care plans, medical charts, accident logs, policies and procedures and staff files. Matters arising from the previous inspection (10 outcomes and 27 actions) carried out on 9 October 2012 were examined. The outcomes related to documentation, medication management, health and social care provision, the premises and staffing. Some of the issues had been actioned, while others were in progress or not yet addressed. Those not fully actioned have been restated in this report.

Geraldine Smith, the person in charge was not available during the period of the inspection but the person deputising in her absence facilitated the inspection process and the provider was in attendance and available to the inspector. Staff were aware of the management arrangements in place.

Given the current regulatory non compliances detailed in the report, the provider needs to put in place robust governance arrangements.

The inspector found that residents and relatives were positive in their feedback to

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and expressed satisfaction about the facilities and services and care provided.

There were measures in place to protect residents from being harmed or suffering abuse. The centre is registered to accommodate 25 residents and in addition three persons were receiving day care. Residents had good access to nursing and medical and allied health care. Medication management processes were not in accordance with current guidelines and legislation.

While there was some evidence that opportunities were provided particularly in the afternoon for residents to participate in meaningful activities, appropriate to their interests and capacities it was identified that residents had limited opportunities during the morning and for some residents there was no stimulating engagement throughout the day. There was insufficient staff supervision of residents particularly during the morning of the inspection.

While there were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with a view to controlling/minimising them the risk management policy had not been implemented throughout the centre as the inspector found some risks which had not been identified/addressed.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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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:
Non Compliant - Moderate

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

#### Findings:
While there was a written statement of purpose which consisted of a statement of the aims, objectives and contained information in relation to the matters listed in schedule 1 of the Regulations and had been reviewed as a result of the last inspection the
information contained within it was not fully up-to-date.

### 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 - Minor

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

**Findings:**
During the previous inspection it was found that the terms and conditions were not clear in respect of long-term and short-term residents however the person in charge had confirmed that this matter had been addressed. The inspector examined randomly a selection of residents' contracts and found that the services provided and the fee charged had been identified, however, in some instances the contracts had not been signed.

### 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:**
Geraldine Smith, the person in charge was not available during the period of the inspection but the person deputising in her absence facilitated the inspection process and the provider was in attendance and available to the inspector. Staff were aware of the management arrangements in place.
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:
Non Compliant - Moderate

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

Findings:
The inspector found that in the main, the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example:

- A record of complaints was maintained.
- The record of accidents/incidents included the items identified in the schedule.
- The duty roster included all of the persons working at the centre.
- A record of all visitors to the centre was being maintained.
- The documents to be held in respect of persons working at the centre for two staff members were satisfactory.

However the inspector found that residents’ personal records were on public display and the format of the cleaning schedule did not reflect the practice in the centre.

All of the written operational policies as required by schedule 5 of the legislation were available, however, the policy in respect of risk management did not reference self harm and assault.

The nutritional policy did not reference the procedure with regard to completing fluid balance charts.

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:**
Compliant

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

**Findings:**
The matter arising in the previous inspection related to the protocol in respect of residents withdrawing money or staff doing so on their behalf. The inspector examined a record in relation to this matter and found that it was being maintained satisfactorily.

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector a staff member demonstrated knowledge of reporting and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

**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 - Major

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
While there was a risk management policy/procedures and systems in place to assist in the identifying, assessing and taking precautions to control/minimise risks the inspector found that the risk management policy/procedure had not been fully implemented throughout the centre as the following risks were identified:

- The location of the designated smoking area is inappropriate and it is located in a toilet area with open access to the centre. (This matter was raised in the previous inspection and the issue has been identified on the risk register and escalated to senior management).
- Some staff had insufficient knowledge of the fire evacuation procedures.
- No simulated fire drill had taken place during the evening/night time when fewer staff are rostered to be on duty.
- There was no individual fire evacuation plan for each resident and some staff did not know/were unsure of the number of residents being accommodated at the time of the inspection.
- There was no security system on the clinical room door which accommodated items which were to be secured safely.
- An unlocked cupboard in the visitors’ room contained creams and liquids.
- Clean items were being stored in the sluice room as there is no cleaning room on the first floor.
- Linen trolleys containing items of clothing for laundering were being stored on the corridor.
- Broken parts of wheel chairs and other items were being stored behind the laundry facilities in the laundry room.

**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 matter outstanding from the previous inspection related to a review of medical files by all general practitioners attending the centre. The inspector found that while there was evidence that residents’ medication charts were reviewed in some instances by their general practitioners within the centre, this practice was not operated by all general practitioners and the staff nurse was bringing medical records to the general practitioner(s) in the community. The signature of the prescribing general practitioner was not present in all instances.

The maximum amount of PRN (as required) medication to be administered within a 24 hour period was stated on the prescription sheet.

The inspector was informed by staff nurses that there was a policy and procedures to guide them in the management of residents' medication. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medications.

The inspector observed staff in charge of medicines administer these to residents.
Prescription and administration sheets were available. Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, however the practice of pre-signing the administration sheets was noted.

**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:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector saw that systems were in place for gathering information and statistics in relation to the quality and safety of residents’ care for example audits of accidents and residents being administered flu vaccinations, however, as yet and highlighted during the previous inspection a report in respect of this information has not been devised and made available to residents and for the Chief Inspector.

Interviews of residents and relatives during the inspection were positive in respect of the provision of the facilities and services and care provided.

Improving the quality of care to residents had not been adhered to in the following incidences:

- Residents, while having their mid-morning and afternoon refreshments did not have a small table available to set down their drinks and one resident’s drink spilled on her lap. The resident was unharmed.
- There was no television in a shared bedroom and in other shared bedrooms the position of the televisions were at an angle that all residents could not see the monitor.
- There was no personalisation on bedroom shelving in a resident’s bedroom.
- A wall hanging clock in a resident’s bedroom had not been at the correct time.
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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

Judgement:
Non Compliant - Moderate

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

Findings:
From an examination of a sample of residents’ care plans, discussions with residents, relatives and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there were arrangements in place to ensure that residents had regular access to allied health professional services and a treatment room was available so that residents could meet these professionals in private. There was evidence that residents were risk assessed with regard to dependency, moving and handling, falls, incidents and the risk of pressure sores.

Individual care plans were maintained and there was evidence of resident and relative involvement.

The inspector found that the provision of social care and support was not consistently delivered to achieve the best outcomes for all of the residents being accommodated. While there were opportunities for some residents to participate in activities that were meaningful and purposeful to them and that reflected their interests and capacities these opportunities were limited for others. For example there was a music session in the afternoon where a group of residents were actively involved, however, many residents did not participate in this activity. The inspector observed a long period particularly in the morning time when there was no stimulation or opportunities for residents to participate in meaningful activities. Some residents who chose to remain in their bedrooms during the day were provided with no opportunities to engage in stimulating/meaningful activities. In some instances residents’ interests had not been assessed/determined/documented. The inspector found that some residents commented negatively on this aspect of service provision.

The inspector saw that in the main there were suitable assisted devices available to residents to enable their mobility and independence and that bed-rails were only used
when risk assessments had been determined and that it was the most appropriate solution to prevent falls.

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:
Non Compliant - Major

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

Findings:
The inspector found that there are aspects of the design and layout of the centre which are not suitable for its stated purpose. These matters have been identified in previous inspections of the centre, however, the provider and management are in the process of devising a plan to submit to the Authority which will address the non-compliances regarding the premises.

The centre is a two-storey building with a mixture of single and multi-occupied bedrooms. There are a range of communal areas including dining, sitting and a visitors’ room.

The inspector found that there was inadequate storage in the centre as the visitors room was storing clinical items, a large oxygen tank and hoist were stored in a resident’s bedroom and laundry baskets were stored in the hallway blocking the use of handrails. The laundry room is small with limited space available for segregating clean and dirty linen.

An appropriate number of wash-hand basins were not provided in each of the communal bedrooms.

There were no separate staff toilet facilities provided for catering staff and changing facilities for all staff to include the storage of personal belongings.

While there were showering facilities there was no bath in order to give residents a choice of facilities.
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 not provided for residents’ personal possessions as some residents clothing was hanging on wall brackets in close proximity to their beds. All residents did not have a locked facility for their personal possessions.

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:
Non Compliant - Major

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

Findings:
One of the matters arising from the previous inspection related to having all of the information required by schedule 2 of the regulations. This was checked in respect of two persons working at the centre and was found to be satisfactory.

The other issue which was identified was adequacy of staffing levels during the peak evening times. The provider informed the Authority that the staff roster has been reviewed and amended to meet the care needs of the residents particularly at peak times in the evening and that extra cover has been provided from 20:00 hours to 22:00
hours.

The inspector found that the levels and skill mix of staff were insufficient to meet the needs of residents, particularly, during the morning of the inspection as the communal sitting rooms were not supervised and residents were not engaged in any meaningful stimulating activity. No staff were available in the sitting room to listen to a resident requesting assistance to use the bathroom.

During the day a resident/person receiving day care asked a passing staff member the location of the toilets/designated smoking area and although the staff member responded the resident was unable to locate the facility and was instead using an external exit door.

The inspector was informed that one multitask staff member rostered to provide caring duties in the centre was unavailable and no additional staff were available to cover this absence.

There was only one staff member involved in cleaning duties up to midday thereafter it was the responsibility of multitask workers to carry out routine tasks in addition to providing care/supervision to residents.

While there was a record of the majority of the current registration details of staff nurses working in the centre the record was not maintained for all of the nurses.

**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:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Oriel House
Centre ID: ORG-0000689
Date of inspection: 26/02/2014
Date of response: 08/04/2014

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 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose had not been kept under review.

Action Required:
Under Regulation 5 (3) you are required to: Keep the Statement of purpose under review.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been reviewed and updated. A copy of the Statement of Purpose is available within the Centre. A copy of the Statement of Purpose is being provided to the Authority along with this Action Plan.

Proposed Timescale: 08/04/2014

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
In some instances the contracts had not been signed.

Action Required:
Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

Please state the actions you have taken or are planning to take:
Each Resident within Oriel House has a Contract for the Provision of Services and each Contract is signed within one month of admission. The Contracts are available to view on inspection.

Proposed Timescale: 24/03/2014

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

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents’ personal records were on public display.

Action Required:
Under Regulation 22 (1) (ii) and (iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

Please state the actions you have taken or are planning to take:
All aspects and contents of the personal records of all Residents are stored in an appropriate manner. There is a policy document in place within the Centre that outlines the practice required for the retention and destruction of records. All staff are aware of this policy document.

Proposed Timescale: 03/03/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The format of the cleaning schedule did not reflect the practice in the centre.

Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a
manner so to ensure completeness, accuracy and ease of retrieval.

Please state the actions you have taken or are planning to take:
The format of the Cleaning schedule has been updated and now fully reflects the practice that takes place with regard to cleaning in the Centre. This is available to view on inspection. Monthly audits will take place to ensure that the cleaning schedule is being complied with. Cleaning schedule in place from 31st March 2014. Monthly audits of compliance with schedule to commence from April 2014.

Proposed Timescale: 31/03/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy in respect of risk management did not reference self harm and assault.

Action Required:
Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

Please state the actions you have taken or are planning to take:
The Centre has a policy in respect to risk management that makes reference to self harm and assault. All staff are aware of this policy document. This is available to view on inspection. This policy has been reviewed and updated from 7th April 2014.

Proposed Timescale: 07/04/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nutritional policy did not reference the procedure with regard to completing fluid balance charts.

Action Required:
Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

Please state the actions you have taken or are planning to take:
The Centre has a policy on Nutrition. This policy has been updated to include a specific reference to the procedure required in relation to completing fluid balance charts. All staff are aware of this policy document. This is available to view on inspection. This policy has been reviewed and updated from 7th April 2014.

Proposed Timescale: 07/04/2014
### 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:**

The risk management policy/procedure had not been fully implemented throughout the centre as the following risks were identified:

- There was no security system on the clinical room door which accommodated items which were to be secured safely.
- An unlocked cupboard in the visitors’ room contained creams and liquids.
- Clean items were being stored in the sluice room as there is no cleaning room on the first floor.
- Linen trolleys containing items of clothing for laundering were being stored on the corridor in the afternoon.
- Broken parts of wheel chairs and other items were being stored behind the laundry facilities in the laundry room.

**Action Required:**

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

A security system, in the form of a keypad lock, has been fitted to the door of the Clinical Room, accessible only by staff.

The cupboard in the visitor's room is now secure.

Cleaning items are now stored in a separate Cleaning Room.

Linen trolleys are now stored in the Cleaning Room when not in use.

There are no items stored in the laundry room, apart from those that are appropriately associated with the activities that take place in that room.

All of the above changes are available to view on inspection.

Each of the actions outlined above in relation to this Outcome are now completed and available to be viewed on inspection.

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**Proposed Timescale:** 07/04/2014

**Theme:** Safe Care and Support

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

The location of the designated smoking area is inappropriate as it is in the entrance to a toilet area with open access to the centre.
**Action Required:**
Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

**Please state the actions you have taken or are planning to take:**
A dedicated smoking room has been put in place within the Centre. Residents have been advised of this and all of the required protocols with regard to fire safety have been followed, as advised by our Fire Officer. The room is located opposite the Nurse’s Office on the ground floor. This is available to view on inspection.

**Proposed Timescale:** 31/03/2014
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff had insufficient knowledge of the fire evacuation procedures.

**Action Required:**
Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

**Please state the actions you have taken or are planning to take:**
Fire Training is arranged for all staff in the Centre. This training includes a practical evacuation element. A training session has already taken place on 1st April 2014 and a further session is planned for 17th April 2014. All staff within the Centre will be involved in one or other of these training sessions and it will be recorded on the training matrix. A report shall be completed by the Fire Officer on completion of this training outlining any issues that are encountered during the training.

The Centre has a policy on the management of fire and this has been updated and all staff are aware of this.

**Proposed Timescale:** 17/04/2014
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No simulated fire drill had taken place during the evening/night time when fewer staff are rostered to be on duty.

**Action Required:**
Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.
Please state the actions you have taken or are planning to take:
The Fire Training referenced to above includes a simulated fire drill and evacuation exercise that is based on night staffing levels in the Centre. In a similar manner the report to be completed by the Fire Officer on completion of this training will outline any issues that are encountered during the training. This training commenced on 1st April 2014 and will be completed on 17th April 2014.

Proposed Timescale: 17/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no individual fire evacuation plan for each resident and some staff did not know/were unsure of the number of residents being accommodated at the time of the inspection.

Action Required:
Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

Please state the actions you have taken or are planning to take:
An individual fire evacuation plan is in place for all Residents and all staff are aware of the number of Residents being accommodated in the Centre. A whiteboard has been put in place within the Centre that documents the Resident numbers and this is updated as required. This is available to view on inspection. The fire evacuation plans have been completed from 10th March 2014 and the whiteboard has been in place since 24th March.

Proposed Timescale: 24/03/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff in charge of medicines was pre-signing the administration sheet.

In some instances the signature of the prescribing general practitioner was not present and review of residents’ medicines had not taken place on site with the resident.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing
and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
The policy with regard to the Ordering, Prescribing, Storing and Administration of Medicines within the Centre has been reviewed and updated. All nursing staff have read this policy and are familiar with the practices required. The Centre does not have a Medical Officer on-site. Each Resident has an assigned GP who reviews and updates the Resident’s medicines. In some cases this procedure takes place in the GP surgery rather than in the Centre. Actions in relation to the Policy are completed since 7th April 2014.

The Registered Provider has been given approval to recruit a Medical Officer for the Centre. The recruitment process is ongoing and will be completed by 31st May 2014.

Proposed Timescale: 31/05/2014

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

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A report in respect of any review conducted for the purposes of reviewing the quality of care and safety of residents has not been made available to residents and, if requested, to the Chief Inspector.

Action Required:
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Please state the actions you have taken or are planning to take:
Audit takes place within the Centre on an ongoing basis with regard to both the quality of care and the safety of the Residents. The data obtained from these audits will be made available to the Residents at each Resident’s Forum. In addition a six monthly report will be compiled in January and July of each calendar year based on the data from the previous six month period and this report will be forwarded to the Chief Inspector.

Collection of data is already in place. Updates will be included on the agenda for each Residents Forum from April 2014 and a report on the data from Jan to June 2014 will be forwarded to the Chief Inspector in July 2014.

Proposed Timescale: 31/07/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improving the quality of care had not been considered in the following instances:

- Residents, while having their mid-morning and afternoon refreshments did not have a small table available to set down their drinks and one resident’s drink spilled on her lap. The resident was unharmed.
- There was no television in a shared bedroom and in other shared bedroom the position of the television was at an angle that all residents could not see the monitor.
- There was no personalisation on bedroom shelving in a resident’s bedroom.
- A wall hanging clock in a resident’s bedroom had not been at the correct time.

**Action Required:**
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

**Please state the actions you have taken or are planning to take:**
Small tables have been put in place in the two sitting rooms.

Televisions will be made available in all bedrooms in the Centre.

All Residents, if they wish, have personalised items available in an appropriate manner in their bedroom. One Resident within the Centre specifically requests not to have personalised items and this choice is respected.

All clocks in the Centre show the correct time.

The actions are completed with regard to tables, personalised items and clocks since 31st March 2014. The remaining televisions will be installed by 5th May 2014.

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

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**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:**
Opportunities to participate in activities appropriate to residents' interests and capacities had not been provided for all residents.

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**
Opportunities are provided to all Residents to participate in activities that are appropriate to their interests and capacities. Staffing levels within the Centre have been reviewed to ensure that there is capacity within the staff to provide and oversee these activities. Residents are consulted individually and within the Resident’s Forum with
regard to what activities they would enjoy.

**Proposed Timescale:** 07/04/2014

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**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:**

There is inadequate storage within the centre as the visitors’ room was storing clinical items, a large oxygen tank and hoist were stored in a resident’s bedroom and laundry baskets were stored in the hallway blocking the use of handrails.

The laundry room is small with limited space available for segregating clean and dirty linen.

An appropriate number of wash-hand basins were not provided in each of the communal bedrooms.

There were no separate staff toilet facilities provided for catering staff and changing facilities for all staff to include the storage of personal belongings.

While there were showering facilities there was no bath in order to give residents a choice of facilities.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

In the period of time since the inspection took place the number of Residents within the Centre has been reduced to 23. This has allowed one bedroom to be converted to a storeroom.

This storeroom is divided into two distinct areas, one for the storage of linen and one for the storage of equipment for use in the Centre.

As a result of this action, all clinical items stored within the visitor’s room are secure. The oxygen tank on the first floor is stored in the new storeroom and the oxygen tank on the ground floor is stored in the clinical room.

The hoist is stored in the new storeroom.

Laundry baskets are stored in the cleaning room when not in use.

The activity in the Laundry has been reduced. From 30th April, only the personal items of clothing belonging to the Residents will be laundered within the Centre. All other
items including linen and towels will then be laundered off-site. The laundry room has a clear procedure outlining the management of the laundering process and the room is clearly divided into dirty and clean areas.

The provision of additional wash-hand basins and a bath for Residents as well as staff toilets and changing areas are included in the Development Plan for the Centre. We are actively progressing a design and planning phase to refurbish and extend Oriel House. A design team has been engaged and initial sketch drawings have been presented. These were viewed on the date of the inspection. An allocation of funding has been approved to commence this work in 2014. Please note that the timing of this work will have to be incorporated into the completion of the Capital works on the St Mary’s site. Further details with regard to this development are ongoing and I will keep the Authority informed.

Actions in relation to storage are completed since 3rd April 2014. The action in relation to the Laundry has commenced and will be completed by 30th April 2014. Remaining actions will be completed as part of the Development Plan for the centre – 2015.

Proposed Timescale: 30/04/2014

### 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:

Adequate space was not provided for residents’ personal possessions as some residents clothing was hanging on wall brackets in close proximity to their beds. All residents did not have a locked facility for their personal possessions.

**Action Required:**

Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

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

Items hanging on wall brackets in proximity to resident’s beds are in place at the specific request of the Resident and are documented in their care plan. All residents have been provided with a secure storage facility to store personal possessions.

Proposed Timescale: 04/04/2014

### Outcome 18: Suitable Staffing

**Theme:** Workforce

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

The numbers of staff were not appropriate to meet the assessed needs of residents,
and the size and layout of the centre.

**Action Required:**
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The weekly staffing roster within the Centre has been reviewed and amended by the Person in Charge and the Clinical Nurse Manager to ensure that it meets the needs of the Residents and the layout of the Centre.

There is now a supernumerary Clinical Nurse Manager position within the Centre.

Day care activity and respite activity has been reduced since 31st March.

Nurse staffing levels have been increased by 3 hours per day shift from 18 hours to 21 hours. This will include a 12 hour shift from 8am to 8.30pm and a nine hour shift from 8am to 5.30pm. The nursing hours on the night shift shall remain at 12 hours, 8pm to 8am.

The current Care hour total is 31.5 hours per day shift. This includes one 12 hour shift from 8am to 8.30pm, one 9 hour shift from 8am to 5.30pm, one 6 hour shift from 8am to 2.00pm, and one 4.5 hour shift from 5.30pm to 10pm. From 7th April, this will increase with the introduction of an additional 8am to 12.30pm Care shift. In addition, the 8.00am to 2.00pm shift will be extended by 6 hours to 8.30pm. This provides a total of 10.5 additional Care hours to meet the assessed needs of residents and the layout of the Centre. The Care hours on the night shift shall remain at 12 hours, 8pm to 8am.

The identified Cleaning hours for this Centre are 8 hours per day, five days per week, and 5 hours per day on Saturday and Sunday. These hours will be in addition to the Care hours outlined above.

The identified Catering hours for this Centre are 9 hours per day, seven days per week. These hours will be in addition to the Care hours outlined above. This is remaining unchanged.

The updated roster is available to view on inspection.

**Proposed Timescale:** 07/04/2014

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The relevant current registration status with the professional body in respect of nursing was not available for all staff employed in the centre.
**Action Required:**
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Please state the actions you have taken or are planning to take:**
The current registration status in respect of all nursing staff is in place within the Centre and available to view on inspection.

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