

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Theresa's Hospital
<b>Centre ID:</b>	ORG-0000741
<b>Centre address:</b>	Clogheen, Tipperary.
<b>Telephone number:</b>	052 746 5205
<b>Email address:</b>	anne.hally@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Breda Kavanagh
<b>Person in charge:</b>	Anne Hally
<b>Lead inspector:</b>	Louisa Power
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	5

## **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 announced and took place over 1 day(s).

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

From: 28 February 2014 08:30 To: 28 February 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable 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 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

St Theresa's Hospital is a public short stay unit managed by the Health Service Executive (HSE) South that provides care for patients requiring respite, rehabilitation, convalescence and palliative care. The targeted length of stay is up to 12 weeks.

This inspection was the first inspection of the centre by the Authority. As part of the monitoring inspection, the inspector met with residents, relatives, provider, person in charge and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found that the person in charge and the provider were committed to the care and welfare of the residents. The inspector saw that the care and services to the residents was evidence based and generally of a high standard.

A number of improvements were required to comply with the requirements of 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. The following is a summary of these required improvements:

- a review of the statement of purpose to include all of the required elements listed

in Schedule 1 of the Regulations

- identification and implementation of controls to manage specific risks
- medication management practices
- improvements to the premises
- implementation of care plans
- recording of complaints
- maintenance of staff files
- formal staff appraisals.

**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 - Minor

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose consisted of the aims, ethos and vision of the designated centre and the facilities and services that were to be provided for residents. The statement of purpose was made available for residents and staff to read.

The written statement of purpose described a service that promoted "independence, health and well-being" in a "safe, friendly environment". The inspector observed that the ethos as described in the centre's statement of purpose was actively promoted by staff.

However, not all items listed in Schedule 1 of the Regulations were detailed in the statement of purpose, namely the age range and gender of residents for whom it intended that accommodation should be provided and the name and address of the provider. The statement of purpose had not been reviewed to take into account updated fire precautions implemented in October 2013.

**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 full-time person in charge who was the director of nursing and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. The person in charge was engaged in the governance and operational management of the centre on a regular and consistent basis. The person in charge informed the inspector that she fulfilled this role with the assistance and cooperation of her staff and by actively participating in the effective management and development of services of the centre.

Staff to whom the inspector spoke had a clear understanding of management and reporting relationships and confirmed that the person in charge was readily available to support all staff. In the absence of the person in charge, the key senior manager or the senior staff nurse on duty undertook her responsibilities. During this inspection, the inspector noted that the person in charge demonstrated a positive and proactive approach towards effectively meeting regulatory requirements.

The person in charge had continued her professional development and had attended a number of training opportunities including a 'Train the Trainer' course on elder abuse and short courses on wound care, end of life and nutrition. The person in charge showed a commitment to ongoing education and outlined to the inspector a number of courses she plans to attend. During this inspection, the person in charge also demonstrated a good knowledge of the Regulations and the Authority's Standards.

**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:**

No actions were required from the previous inspection.

**Findings:**

The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse. The inspector reviewed the centre-specific policies on the prevention and management of abuse, which had been updated in May 2012. The policy was comprehensive and provided details in relation to the various stages/actions required by staff in effectively responding to an allegation to adult abuse. Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents.

During the day of inspection, the inspector observed the staff speaking and interacting with residents and visitors in a sensitive and considerate way. Residents with whom inspector spoke confirmed that they felt safe and spoke positively about the care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. Staff confirmed their understanding of the features of adult abuse, their reporting obligations and how they might deal with a suspected incident of 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 - Moderate

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

No actions were required from the previous inspection.

**Findings:**

There was a general health and safety statement in place which was due for review in June 2014. The inspector reviewed the comprehensive risk management policy, last reviewed in September 2013, which included the management of hazards and the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspector viewed both risk registers which identified hazards such as slips, trips and falls and manual handling risks, with detailed measures/controls aimed at reducing such hazards. Controls were implemented for many of the risks specified in the Regulations except self-harm.

The inspector saw that there was an emergency plan in place dated October 2013 and covered events such as electrical outage and extreme weather.

The inspector saw that accidents and incidents were identified, reported on an incident

form and there were arrangements in place for investigating and learning from accidents. The person in charge was seen to liaise with the local Clinical Risk Manager.

The inspector observed that suitable fire equipment was provided and that there was an adequate means of escape. Fire exits were seen to be unobstructed. Fire doors had been upgraded in November 2013. However, the inspector saw that one fire door was held open by a door wedge - the person in charge said that the electro-magnetic releasing device was faulty. This was repaired before the end of the inspection.

The procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that staff had received annual fire training. Staff demonstrated good knowledge on the procedure to follow in event of a fire. The inspector saw that fire alarms were serviced quarterly, most recently in October 2013. Fire safety equipment was serviced on an annual basis, most recently in September 2013. Records were in place to confirm that fire drills took place on a quarterly basis. A fire safety meeting had taken place in September 2013.

The inspector saw that staff had available to them contemporary evidence-based equipment to assist them in moving techniques in resident care (manual handling). The hoist was last serviced in November 2013 as per manufacturer's guidelines. The staff matrix indicated that staff training was within mandatory requirements. Manual handling plans were in place for each resident; the plans reviewed identified the specific equipment and the number of staff required for a variety of manual handling tasks. The inspector saw that there was a regular audit completed on falls and measures were put in place to prevent recurrence.

Hand rails and grab rails were installed throughout the centre but there were no grab rails installed to assist residents who wish to exit into the garden area.

Infection control practices were guided by national guidelines and policies. Staff had received hand hygiene training. The inspector observed that staff members were supplied with individual hand gels and hand gel dispensers were available for residents and visitors. Even though the inspector noted that there was an adequate number of sinks for hand washing, the domestic water taps did not facilitate the correct procedure. The inspector saw that there were adequate supplies of latex gloves and plastic aprons provided. Staff with whom the inspector spoke demonstrated adequate knowledge in infection control processes.

The inspector spoke with staff who undertake cleaning duties. The inspector saw evidence of a regular cleaning procedure and routine. The cleaning processes outlined by staff to the inspector were in keeping with best practice.

The inspector observed that there was a separate laundry building within the grounds of the centre. The person in charge confirmed that the staff member working in the laundry had not been provided with a means of communicating with the main building in the event of an emergency. Despite measures being taken to control the risk of lone working in this area such a sign in sheet, the inspector saw that inadequate controls had been implemented.

## **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:**

No actions were required from the previous inspection.

### **Findings:**

The inspector noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive, centre-specific and were reviewed in January 2014. There was evidence of ongoing medication management training.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was not stated on the prescription. PRN medications were not administered on a regular or routine basis.

The inspector noted that nurses did not transcribe medication prescription records and this is in line with the centre-specific policy.

Results of weekly audits on the prescription and administration record were made available to the inspector.

Medication prescription sheets were current and contained many of the required elements. The prescription sheets did not contain a photograph of the resident and the name and address of the medical officer.

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

The targeted length of stay is short and the residents at the time of inspection had a length of stay of approx 12 weeks. The process for reviewing medication once every three months by the medical officer did not apply to these residents but the inspector saw that the medical officer reviewed medication on an ongoing basis.

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**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:**

The inspector saw that there was a comprehensive record kept of all accidents and incidents.

The person in charge had not notified the Chief Inspector of quarterly returns as required by Article 36 of the Regulations. The person in charge informed the inspector that she was not aware of her obligation to make a quarterly return as the centre was not yet registered. The person in charge demonstrated knowledge of notifiable events and the manner in which they should be reported to the Authority. The inspector was satisfied that the person in charge would ensure that incidents are notified to the Authority in the future.

**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 - Minor

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that timely access to health care services was facilitated for all

residents. The person in charge confirmed that the medical officer attended twice a week, his surgery was in close proximity to the centre and emergency visits were facilitated as needed. The inspector saw that an out-of-hours GP service was available if required.

The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling and the provision of smoking cessation advice. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry of old age, chiropody, physiotherapy, speech and language therapy, specialist tissue viability nursing and dietetics.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, cognition, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of falls and pain management. Whilst the inspector saw detailed care planning in many areas, there was evidence that where a care plan was in place for a specific problem, i.e. nutrition, it was not implemented in practice. The inspector noted that residents and relatives were actively involved in the development of care plans.

The process for reviewing care plans once every three months did not apply to the residents due to their short length of stay. However, the inspector saw that the care plans were subject to ongoing review.

The reported incidence of wounds was low and the inspector saw that evidence-based wound management documentation had been completed, including anatomical charts, wound assessment and wound progress notes. The inspector noted that recommendations from the specialist tissue viability nurse were incorporated into residents' care plans.

In relation to restraint practices, the inspector observed that while bedrails were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of restraint was discussed with residents' representatives as appropriate. The inspector saw that the practice of restraint was subject to continuous review.

The inspector saw that the person in charge had recently begun work on improving the activities programme. A member of staff had been employed who had previous experience as an activities coordinator and had commenced activities such as newspaper reading and knitting. However, the inspector saw that the activities programme required further development as it was limited in scope and choice.

**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:**

No actions were required from the previous inspection.

**Findings:**

The single storey premises was originally built in the 1970s with extensions added in 1993 and 1998 incorporating hospice facilities, a day room, oratory, office and additional bathrooms.

Accommodation for residents comprised three single bedrooms, one triple bedroom and two wards which each contained eight beds each. Each bedroom had a wash-hand basin and one of the single rooms was en suite. There were separate male/female toilets provided near the entrance to the premises, a shower room with a toilet and a bathroom with a toilet. Residents have access to a safe garden.

The majority of the premises consisted of ward type accommodation and the physical environment was not conducive to meeting the needs of residents. The inspector noted that the privacy of residents was respected as much as possible while they were being assisted with personal care - staff were observed closing curtains or screens between beds.

Due to the design and layout of these multi-occupancy wards, which accommodated up to eight residents in ward bay type settings, there was inadequate private accommodation for residents to ensure that residents' privacy and dignity was met on a daily basis. This was mainly due to the limited space provided in the areas surrounding the beds. Residents' privacy and dignity was significantly compromised due to the close proximity of many of the beds.

The inspector noted that assistive equipment was stored in corridors. In addition, the inspector saw that there was inadequate storage space provided for residents' clothing and belongings in multi-occupancy rooms. Residents' clothing was kept in a communal wardrobe and a narrow bedside locker was provided at each bed space. The inspector saw that there was no lockable storage provided for residents.

There were separate staff facilities for changing and storage but the inspector saw that the storage space for staff clothing was inadequate.

The communal area which comprised of the sitting room and dining room provided adequate communal and dining space for all residents.

The decor was homely and the premises was well maintained throughout. The centre was visibly very clean.

Sluicing facilities were provided in two separate areas but the inspector saw that both areas were inadequate:

- access was not restricted to the sluicing area
- the sluicing area was an open area beside the sanitary facilities and laundry room
- there was no bed pan washer or macerator
- the domestic type water taps were not suitable for sluicing/cleaning purposes.

The inspector saw a functioning call-bell system in place and that staff responded promptly.

The kitchen was visibly clean and organised and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspector.

The provider and the person in charge acknowledged the issues identified by the inspector in relation to the premises and stated that there were plans to upgrade the centre.

### **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:**

The inspector noted that there was a centre-specific complaints policy. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose. The complaints officer stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints but did not record whether the complainant was satisfied in

all cases.

### **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 - Moderate

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

No actions were required from the previous inspection.

**Findings:**

There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated on the day of inspection and the effective operational management of the service. There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff.

A sample of staff files was reviewed and contained many of the required elements. However, a number of staff files did not include a recent photograph and contained only two references. There was evidence of effective recruitment procedures including the verification of references.

The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. The inspector noted that copies of both the Regulations and the Authority's Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and the Authority's Standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies - the programme reflected the needs of residents. The person in charge completed a training needs assessment for staff members on an annual basis. All staff employed had attended mandatory fire, manual handling and elder abuse training. Further education and training completed by staff included medication management, venepuncture, dementia, stroke care, chemical safety and hand hygiene.

The inspector noted that regular staff meetings take place, chaired by the person in charge. The person in charge was seen to be involved in the supervision of care and

services to residents. However, the person in charge confirmed that there was no formal appraisal procedure in place.

The inspector saw that confirmation had been sought by the person in charge from the relevant agency that all the required paperwork was maintained and training was completed for agency staff employed.

## **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:***

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	St. Theresa's Hospital
<b>Centre ID:</b>	ORG-0000741
<b>Date of inspection:</b>	28/02/2014
<b>Date of response:</b>	28/03/2014

### 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 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

Not all items listed in Schedule 1 of the Regulations were detailed in the statement of purpose, namely the age range and gender of residents for whom it intended that accommodation should be provided and the name and address of the provider.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Statement of Purpose has been updated to include the age range and gender of patients

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

**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 statement of purpose had not been reviewed to take into account updated fire precautions implemented in October 2013.

**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:**

Statement of Purpose has been updated to include the updated fire precautions implemented in October 2013.

**Proposed Timescale:** 31/03/2014

**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:**

There was no grab rail installed to assist residents who wish to exit into the garden area.

**Action Required:**

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

Occupational Therapy Assessment based on The People-Environment-Occupation Model of Occupational Performance has been carried out at St Theresa's Hospital on 03/03/2014. Recommendations, including installation of grab rails to assist residents who wish to exit into the garden area, have been forwarded to Technical Services, to be included under minor capital spending in 2014.

**Proposed Timescale:** 31/12/2014

**Theme:** Safe Care and Support

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

The risk management policy did not cover the precautions in place to control the risk of self harm.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

The risk management policy has been updated to include precautions to control the risk of self-harm.

**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:**

The domestic water taps on hand washing sinks did not facilitate the correct hand washing procedure for infection control.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

A final requisition to replace all hand-washing sinks and domestic water taps to ensure compliance with correct hand washing procedure has been submitted to Technical Services on the 18/03/2014 under Minor Capital spending for 2014.

**Proposed Timescale:** 31/12/2014

**Theme:** Safe Care and Support

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

Inadequate controls had been implemented for the risk of lone working in the laundry.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

E mail to Technical Services on 23/03/2014 to order personal alarms for lone workers within the hospital and the laundry to provide them with a means of communicating with other members of staff.

**Proposed Timescale:** 30/04/2014

## Outcome 08: Medication Management

**Theme:** Safe Care and Support

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

Prescriptions did not contain a photograph of the resident and the name and address of the medical officer.

**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:**

E mail to procurement Department on 23/03/2014 requesting a Polaroid Camera to be ordered for St Theresa's Hospital to allow us to have photographic evidence of each patient on their drug prescription charts

**Proposed Timescale:** 30/04/2014

**Theme:** Safe Care and Support

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

Prescriptions did not include the maximum doses for 'as required' medications.

**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:**

Discussion with Medical Officer on 25/03/2014 to ensure that prescriptions include the maximum doses for 'as required' medications. This will be monitored under our weekly medication management audit.

**Proposed Timescale:** 31/03/2014

## 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 person in charge had not notified the regulation directorate of incidents and quarterly returns as required by Article 36 of the Regulations.

**Action Required:**

Under Regulation 36 (4) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

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

The person in charge has completed the quarterly notification for the period ending 31/12/2013 and has submitted same to the regulation directorate of incidents and quarterly returns as required by Article 36 of the Regulations. The next quarterly return due on 30/04/2014 will be completed by the Person in Charge.

**Proposed Timescale:** 30/04/2014

**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:**

Where a care plan was in place for a specific problem, i.e. nutrition, it was not implemented in practice.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

Meeting with Nursing Staff on 21/03/2014 to further educate staff to ensure that all care plans are implemented in practice. A documentation audit tool will be developed and implemented by all staff to ensure continuous quality improvement in terms of implementation of care plans.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Care and Support

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

The activities programme required further development as it was limited in scope and choice.

**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:**

Meeting with support staff for 26/03/2014 included a discussion on improving the

activities programme. One of the Health Care Assistants, who has previous experience as an Activities Coordinator, has been delegated the responsibility to lead the Activities Programme. Patients will also be involved in further developing the activities programme through consultation. Funding will be made available to further enhance the activities programme.

**Proposed Timescale:** 30/06/2014

## **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:**

The physical design and layout of the multi-occupancy rooms did not meet the needs of the residents.

**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:**

A business plan was submitted to management in December 2013 and again in January 2014, applying for a phased building extension. The proposal is to develop additional patient rooms to allow us to reduce the number of occupants in St Joseph's ward, Our Lady's ward and St Gerard's ward to meet the needs of the residents.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Care and Support

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

The sluicing areas are not fit for purpose.

**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

A proposal has been submitted to Technical Services in December 2013 and again in March 2014, to upgrade the bathroom and sluice area in order to create a separate sluice room to ensure it is fit for purpose.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Storage facilities for staff clothing was inadequate

**Action Required:**

Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

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

A business plan was submitted to management in December 2013 and again in January 2014, applying for a phased building extension. This proposal incorporates development of support areas and creation of additional facilities for staff, including changing and storage facilities for staff.

**Proposed Timescale:** 30/06/2015**Theme:** Effective Care and Support**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The storage facilities for residents in multi-occupancy rooms comprised a communal wardrobe and a narrow locker with no lockable storage provided.

**Action Required:**

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

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

A business plan was submitted to management in December 2013 and again in January 2014, applying for a phased building extension. This proposal is to develop additional patient rooms to reduce the number of occupants in St Joseph's ward, Our Lady's ward and St Gerard's ward to meet the needs of the residents. This will free up the necessary space to provide suitable lockable storage facilities for each resident.

**Proposed Timescale:** 30/06/2015**Theme:** Effective Care and Support**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Storage for assistive equipment was inadequate.

**Action Required:**

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

A business plan was submitted to management in December 2013 and again in January 2014, applying for a phased building extension. This proposal is to develop additional storage areas which will include an equipment store room.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Care and Support

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

The multi-occupancy rooms provided inadequate private accommodation for residents to ensure that residents' privacy and dignity was met on a daily basis.

**Action Required:**

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

A business plan was submitted to management in December 2013 and again in January 2014, applying for a phased building extension. This proposal is to develop additional patient rooms to reduce the number of occupants in St Joseph's ward, Our Lady's ward and St Gerard's ward to meet the needs of the residents. This will free up the necessary space to ensure that resident's privacy and dignity is maintained on a daily basis.

**Proposed Timescale:** 30/06/2014

**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 log did not record whether the complainant was satisfied in all cases.

**Action Required:**

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

The complaints log has been updated to include the outcome of all complaints and has highlighted that there was no further feedback from one complainant indicating that we were unable to conclude if they were satisfied or not. The complaints officer attended training on 'How to improve the service user experience' on 03/03/2014. The complaints officer will ensure that all complaints in the future will include an outcome. The Person in Charge will also collate minor discrepancies raised by patients and capture how these were addressed.

**Proposed Timescale:** 31/03/2014

## Outcome 18: Suitable Staffing

**Theme:** Workforce

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

A system of staff appraisal was not in place.

**Action Required:**

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

The Person in Charge has attended Appraisal training and will commence rolling out formal staff appraisals following discussion at staff meetings. Appraisal templates have been formulated and are ready for use. Action plan is to perform one staff appraisal per week and be repeated annually.

**Proposed Timescale:** 31/08/2014

**Theme:** Workforce

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

Staff files reviewed did not all contain a photograph and three references.

**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:**

E mail to Human Resources Department to update staff files to include photographic identification and three references and to ensure all staff files are compliant

**Proposed Timescale:** 30/06/2014