

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ard Na Rí Nursing Home
<b>Centre ID:</b>	ORG-0000405
<b>Centre address:</b>	Holycross, Bruff, Limerick.
<b>Telephone number:</b>	061 382286
<b>Email address:</b>	derekpatterson@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Daveen Hayworth and Derek Patterson Partnership
<b>Provider Nominee:</b>	Daveen Hayworth
<b>Person in charge:</b>	Daveen Hayworth
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Julie Hennessy;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

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

From:	To:
04 February 2014 09:40	04 February 2014 17:20
05 February 2014 09:30	05 February 2014 14:50
05 March 2014 14:45	05 March 2014 16:10

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

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

**Summary of findings from this inspection**

This registration inspection took place over three days; the first two days were announced and the third day was unannounced. Inspectors met with residents, relatives, staff members, the nurse who deputises for the person in charge and the person in charge. The inspectors observed practices, observed the physical environment and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The care provided to residents was good with a focus on ensuring the atmosphere was respectful, relaxed and homely. In general nursing care was provided according to contemporary evidence based practices. Residents had choices about getting up

times, what to get involved in and when to have their meals. Residents were seen to engage in activities such as physical exercises, reading newspapers and chatting with staff. The quality of the food was good and the dining room was attractively laid out.

At the time of the previous registration inspection in 2010, inspectors were informed that plans were in place to upgrade the bedrooms and the premises over the following three years to ensure it complied with the National Quality Standards for Residential Care Settings for Older People in Ireland. No such upgrading had taken place and on this inspection the premises did not meet the regulatory requirements or the standards expected in residential services.

A significant risk was identified on the last inspection (November 2012) with regards to windows on the first floor not having window restrictors. These windows opened onto an unprotected flat roof building. This matter had not been addressed. There were other shortcomings in relation to the management of health and safety and these are discussed under outcome 7.

Policies were in place; however, some were not centre specific. Staff familiarity with some of the policies were poor, in particular in relation to the emergency policy. Some staff files were incomplete. Other documentation, such as resident file notes and care plans were generally well maintained and in general medication management practices were good.

The collective feedback from residents and relatives was one of satisfaction with the approach of staff, the friendliness of staff and the care provided. Relatives found the management to be approachable and easy to talk to. They felt they were kept well informed of their relatives' care and were happy that the health care provided was of a high standard and given in a courteous and respectful manner.

This report outlines the findings of the inspection.

**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:**

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

**Findings:**

There was a written statement of purpose and an updated version of this document was submitted to the inspector after the inspection. However, the updated document did not accurately describe the premises. For example, the environment was incorrectly described as being modern and custom built; the fire safety arrangements described in the statement of purpose were not reflected in practice; the sizes of the bedrooms detailed in the document were inaccurate; the statement stated full screening was provided in twin occupancy bedrooms to ensure privacy but this was not an accurate reflection of what was in place. The total staffing complement was incomplete.

**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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Random samples of resident contracts were examined. They were seen to set out the services to be provided and the fees to be charged. Those contracts examined were

dated and signed by the resident and/or their representative.

**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 no change since the last inspection to the post of person in charge. She worked full time in the centre and was a nurse with experience in the area of nursing of the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care.

The person in charge demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met regularly with staff and minutes were maintained of these meetings.

**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 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) were generally maintained in a manner to ensure completeness, accuracy and ease of retrieval. However, there were matters relating to the residents' register which were incomplete; such as the cause of death not being recorded, the place from where the resident was admitted from not being recorded and the absence of an address for the resident's next of kin.

The centre was insured against accidents or injury to residents, staff and visitors. A copy of the insurance certificate was viewed by the inspector.

The centre had written operational policies including those policies required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, some policies were not centre specific including the policy on the use of close circuit television (CCTV). On the last inspection there was an action given to put in place a policy for the use of the first floor close circuit television. On this inspection it was noted a policy was in place but it was not adapted to describe the system in place in Ard na Rí nursing home.

General records and resident records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre. Reports and documentation related to other inspections such as food safety inspections were maintained in the centre and seen by the inspector.

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

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been on extended leave since her appointment. As provider she was aware of the need to notify the Regulation Directorate if she was on leave for more than 28 days. A nurse with experience in care of the older person was available to deputise for the person in charge.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

A centre-specific policy was in place in relation to the prevention, detection and response to abuse. Inspectors noted learning from a previous event where a staff member had accepted a gift of money. Although the practice of not accepting money as gifts had been clarified with staff, this had not been reflected in the policy.

Inspectors reviewed the system in place to safeguard residents' money and found that it was not sufficiently robust. A discrepancy was noted in the documentation that recorded residents' possession. Money had been returned to a resident without completion of the required record and correct sign-off procedure, which required two staff. Inspectors checked the contents of the safe and confirmed that all monies and possessions were correct and accounted for.

All staff had received elder abuse awareness training. Inspectors spoke with staff who were able to confirm their understanding of abuse and their reporting obligations. The provider worked in the centre as the person in charge. She actively monitored the safeguarding practices in place through observation and by speaking with residents and their relatives. The inspectors confirmed these open discussions with both residents and their relatives.

There was a low staff turnover in the centre and staff interacted with residents in a warm, respectful and friendly manner. Inspectors spoke with a number of residents who confirmed that they felt safe and would not hesitate to go to the person in charge if they had any concerns relating to 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:**

The health and safety of residents was not adequately promoted and protected. A significant risk which had been identified to the provider in the previous report dated November 2012, had not been addressed. This was in relation to first floor bedroom windows which were unrestricted and opened onto an unprotected flat roof building. Following the November 2012 inspection the provider responded to indicate that these windows had restrictors placed on them. When, on the first day of this inspection (4 February 2014), bedroom windows were found to open on to the unprotected roof, it was highlighted to the provider that the matter needed immediate attention. However, when the inspector visited four weeks later on 5 March 2014, the matter had not been adequately addressed. One window had a door stopper in place on the window sill to act as a restrictor and another window remained fully open-able.

A risk register was in place covering risks in the environment; risks around operational matters and chemical hazards. It did not include the risk attached to the first floor windows. For those hazards identified, good control measures were generally stated. An exception to this was around the control measures in place for the prevention of pressure sores. There was no reference to nutrition being a control measure for this risk. The shortcoming in the audits was around the benefit and completeness of the documentation as opposed to there being any issue around the actual nutrition provided. The policy in place in relation to assault and self harm was not centre specific, in that it referenced practices in a different centre.

The statement of purpose referred to an emergency response plan and a policy was in place for dealing with emergencies. However, staff had little awareness of this policy and the chain of command which was referenced in it. The statement of purpose stated a health and safety officer was in place; however, staff were not aware of who the health and safety officer was.

Suitable fire equipment was provided and there were means of escape from the premises from the ground floor and the first floor. A record was maintained of daily checks in relation to ensuring exits were unobstructed. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. The fire alarm was serviced regularly and all fire equipment was serviced on an annual basis. Documentation was seen to this effect. However, staff familiarity with the working of the fire panel and the different fire zones in the centre was limited.

Reasonable measures were in place to prevent slips and trips on the ground floor. For example, handrails were on corridors, grab rails were in toilets, the floor covering was safe. The flooring on the upstairs corridor was uneven and was identified as a trip hazard. The person in charge stated only residents who were mobile and of a lower dependency were accommodated on the first floor.

Some good procedures were in place for the prevention and control of infection such as hand gels being in place throughout and notices displayed with regards to proper hand washing technique. However, there were shortcomings in the policies on the control of infection and the information contained in them were not in line with current standards and best practice. For example the time frames given with regards to the length of time staff should remain off work if they had a suspected case of norovirus was incorrect.

Hoists were serviced on a six monthly basis. Staff were trained in moving and handling of residents and records were maintained of this. However, practices observed (such as under arm lifting) were unsafe and posed a risk to residents.

On the last inspection it was identified that a risk assessment was needed around the storage of personal protective clothing and disposable gloves. Measures were put in place on the ground floor to minimise this risk to residents; however, on the first floor no such measures were in place nor was there a risk assessment carried out around the hazard of leaving disposable gloves in the bathroom.

### **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:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A system was in place for the handling of medicines, including controlled drugs. Appropriate procedures were in place for the handling and disposal for unused and out-of-date medicines.

Medication administration practices observed demonstrated an adherence to appropriate professional guidelines. For example, hands were washed, prescription charts were checked and the five rights of medication administration were adhered to. However, inspectors identified a significant issue during the medication administration round. The nurse was distracted and called upon frequently which increased the risk of medication error.

The person in charge was in the process of upgrading the prescription sheet in relation to the administration of medicines as required basis (PRN medications).

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

A record was maintained of incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required. The notification of an accident that was required to be reported to the Chief Inspector was not submitted within the three day time frame. When it was received it had the incorrect date of the accident.

**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:**

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

**Findings:**

The quality of care and experience of the residents was monitored on an ongoing basis. There was evidence that care standards were good, that care was monitored by the nursing staff and relatives expressed satisfaction with the quality of care provided.

The audits that had taken place included an audit of social care needs and an audit of human resource management (HR). However, there was no action plan put in place when shortcomings were identified. For example, it was identified that complaints were not discussed at team meetings but no plan was put in place as to how this could be rectified. In relation to the HR audit, no action plan was put in place to meet the need for an induction programme. Therefore the audits were of limited value in improving practices.

**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:**

Compliant

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

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

**Findings:**

Each resident's well-being and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. A random sample of resident files examined showed residents had routine blood tests to determine their health status; care plans were specific and updated when changes occurred; community support services visited if and when their services were required. Care plans were drawn up with the involvement of the resident and/or their representative and included a social history. The hand written care plans were very good, up to date and person-centred in their approach. Also included in the care plans were pre typed generic notes which added little to the overall information and at times confused the picture. There was one instance of care notes not being dated.

Residents had access to general practitioners (GP). Medication was reviewed by GPs at least on a three-monthly basis. Services such as physiotherapy and dietetics were provided for by the provider. Chiropody and hairdressing were accessed on a private basis. These services were organised according to the needs of residents. Records were seen to be maintained of referrals and follow-up appointments. As previously referred to, clinical care such as falls management, wound care, and management of incontinence accorded with evidence-based practice. Residents' right to refuse treatment was respected, documented and brought to attention of the resident's GP as required

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The use of restraint was subject to assessment, on-going review and monitoring. Where used, the least restrictive approach was put in place and for the shortest time necessary. Alternative, less restrictive measures, were tried before restraint was employed. Documentation was in place to this effect.

Each resident had opportunities to participate in activities appropriate to his or her interests and preferences. For example, on admission the primary activities person met with the new resident and established a relationship with him/her. The activities that followed were aimed at meeting the residents needs. This was generally an informal arrangement and worked because of tacit information staff had in relation to residents. The activities available included music, art and craft, exercises, card games and newspaper readings. The residents stated they enjoyed these and enjoyed the interaction with the staff assisting with the activities.

### **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 location, design and layout of the centre was not suitable for its stated purpose and did not meet residents' individual and collective needs in a comfortable way. The centre was established in 1985 and the standard of décor and layout of the centre reflected this period. This standard was not in line with the ethos of the current National Quality Standards for Residential Care Settings for Older People in Ireland nor in line with regulatory requirements. In 2010 and 2012 the provider informed the inspector of her intentions regarding the upgrading of rooms. However, no significant upgrading had taken place. The inspector noted that efforts had been taken in creating an atmosphere of homeliness; a number of residents' bedrooms had been personalised with residents' memorabilia, pictures and furnishings.

There were separate communal and dining areas, which allowed for a separation of functions. Five of the fifteen bedrooms were single rooms, thus 20 of the 25 residents were in shared accommodation. Screening curtains in the bedrooms with more than one occupant did not encircle the beds and there was inadequate screening for residents to undertake personal care with privacy and dignity. Some of the twin occupancy rooms were small and/or the layout was such that made them unsuitable for two residents. For example, there was inadequate space for each resident to have his/her own wardrobe; there was inadequate space for each resident to have his/her own chair; in one room the wardrobe partly blocked the window and one of the beds was positioned without easy access to the overhead light.

There was inadequate bathing/shower facilities on the ground floor; 16 residents shared one bathroom when the recommendation is for at least one bath/shower for 11 residents. There were significant maintenance issues with the first floor accommodation. The bathroom on this floor was in a poor state of repair. It had a shower which didn't work properly; a broken panel on the side of the shower gate; patched flooring around the toilet which didn't match the rest of the flooring; unfinished tiling; a broken door at the front of the shower and a rusty towel rail. Two of the five upstairs rooms (four twin and one single) had en suite facilities. One of the en suites had no heating; no toilet roll holder; was missing grouting on the tiles; had a screw sticking out of the wall at elbow level which was an injury risk; had a rusty curtain rail; had a poorly functioning shower which was leaking from the shower box. The bedroom of this en suite had furniture arranged in a haphazard manner. For example, a bed was placed under a window, one side against a wall and a wardrobe at the other side of the bed. It didn't have easy access to an overhead light. The second bed in the room had a bedside locker in front of the wardrobe and the wardrobe partly blocked a window. The ceiling in the room had significant cracks with ceiling paint flaking. Window curtains were not hanging properly. According to the provider this room had been occupied the previous week.

Skirting boards throughout were scuffed, bed tables were chipped; there were holes in the walls. There were no sluice facilities on the first floor. The single room on the first floor had a smell of smoke, having been previously occupied by a resident who smoked. The bedside light did not have a nearby socket so therefore was not functioning. There was a wash hand basin but no towel dispenser. The flooring in this room was red in colour and had been repaired with a large black coloured piece of flooring. It appeared like a temporary arrangement. The room was vacant at the time of inspection but a resident was due to be admitted the day afterwards. Yet no upgrading of this room took place while it was vacant. This showed a lack of attention to creating a homely and comfortable environment. This was one of the rooms where the window opened onto a flat roof (discussed in outcome 7).

Another of the bedrooms on the first floor also had windows which opened onto the flat roof. There was a smell of urine in this room and the profiling bed was not plugged in. No clear explanation was available as to why the bed wasn't working. This room had only one chair for the two residents that occupied it. As with the other twin rooms there was a lack of adequate screening curtains.

The centre did not have a treatment room. If residents needed to be examined or have a specific therapy, this took place in their bedroom which for many, as already discussed, was compromised in size and in being able to offer privacy. The nurse's office was inadequate to accommodate staff. It was an internal space which did not have a door and it was not separately ventilated. There were inadequate arrangements in place for residents to meet with visitors in private. The laundry was carried out in a separate garage type building. It was clean, tidy and functional but also cold and ironing could not take place in this area. There was no ventilation in the cleaning store on the ground floor.

One staff toilet was provided. Staff changed and stored their personal items in this space which was inadequate. There was close circuit television (CCTV) provided in the upstairs corridor area and the provider informed the inspector that it was used to

enhance the observation of this area, especially at night. However, the inspector noted that the policy on the use of CCTV referred to a different type of surveillance system than the one in place in Ard na Rí nursing home. There was no signs on the first floor informing residents or visitors of the use of CCTV in the premises. This issue was identified on the last inspection.

### **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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The complaints of residents, their family, advocate or representative, and visitors were listened to and acted upon and there was an appeals procedure. Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint

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

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

In so far as practicable, at the end of life individual needs and wishes were met. Palliative care services were available if required. Religious needs were met. Relatives with whom the inspector spoke stated the person in charge had a discussion with them about specific end of life requirements for their relative. Residents were involved in this discussion where possible. However, the premises and facilities were such that it was unlikely for residents to be provided with the choice of a single room at end of life. Also, the limitations of the premises was such that, families had little access to private space to be with their relative. The designated private room was also the designated smoking room and some of the twin bedrooms were small and did not have adequate space for chairs. If a room was vacant families were offered this for overnight accommodation but this arrangement was not adequate.

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Each resident was provided with food and drink at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to make sure residents did not experience poor nutrition and hydration. For example, residents had a nutritional assessment on admission and repeated at least on a three-monthly basis; residents' weight was checked and recorded monthly. Residents had access to fresh drinking water at all times and the diet took account of dietary requirements. Breakfast was normally served before 08:00hrs but residents had the flexibility to have a later breakfast if they so wished. Other meals were served in the dining room and snacks were also available at flexible times and at times suitable to residents. A choice of food was provided at each mealtime and a daily menu was on display.

Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff. Nutritional supplements were used judiciously. Residents were referred to a dietician as appropriate.



Kitchen staff were familiar with the dietary needs of residents and the communication system between the nursing staff and the kitchen staff, in relation to nutritional matters, was effective.

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

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with and participated in the organisation of the centre. Each resident's privacy and dignity was compromised due to the limitations of the premises such as the small twin bedrooms and the absence of a suitable private meeting area. Residents were facilitated to communicate and enabled to exercise choice and control over his/her life. Residents were consulted about how the centre was planned and run through the residents' forum which met informally every week. The person in charge and/or the deputy person in charge met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Residents' religious rights are facilitated through regular visits by the clergy and the facilitation of services such as mass, rosary and sacrament of the sick.

In general residents' capacity to exercise personal autonomy was respected. However, there was inadequate provision in some bedrooms for storage of clothes and personal belonging. For example, some residents shared wardrobes, limiting space for clothing and personal possessions. Residents were enabled to make informed decisions about the management of their care through being consulted about their care plans. Facilities for recreation included in-house activities such as art and music. Outdoor activities included access to gardens and outings with family and friends.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Most practices in the centre ensured this; however, none of the screening curtains in the twin bedrooms fully circled the beds, thereby compromising privacy and dignity. Residents were unable to access telephone facilities in private and the inspector was informed there was no hand free phone

available in the centre. When a resident needed to use a phone, he/she used it from the small nurse's office which did not have a door. A room was available for residents to receive visitors in private; however, it was also the designated smoking room. There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk.

Staff showed awareness of the different communication needs of residents and systems were in place to meet the diverse needs of residents. For example, residents with a cognitive impairment were provided with reminiscence therapy. Residents had access to radio, television, newspapers and information on local events.

### **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 - Minor

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

No actions were required from the previous inspection.

**Findings:**

A policy on residents' personal property and possessions was in place. Residents were provided with a lockable locker to store possessions. Some residents had inadequate space provided to store their own clothes. This has been discussed in outcome 12. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Residents expressed satisfaction with laundry management. However, the premises used for laundry purposes was not suitable for ironing clothes.

### **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 - Minor

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

No actions were required from the previous inspection.

**Findings:**

There was a centre specific policy on recruitment and selection of staff. In relation to staff references, the provider informed the inspector that she always sought telephone verification from previous employers. However, documentation of this was not available. In one of the staff files examined only two of the three required references were available. Other shortcoming in the staff files include gaps in curriculum vitae not being accounted for and copies of original certificates of qualifications not being kept on file. From the selection of staff files reviewed the inspector noted that staff appraisals were carried out.

Staff spoken with were able to articulate the management structure and reporting relationships to the inspector and confirmed that copies of both the regulations and the standards had been made available to them and staff spoken with expressed an adequate knowledge of the Regulations and Standards.

There was a good education programme in place with an emphasis on keeping mandatory training up to date. Staff levels were reviewed on a regular basis by the person in charge. No specific staffing level tool was used but the person in charge could hire staff at short notice if needed. A staff rota was maintained and showed there was at least one nurse on duty at all times.

**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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

Action Plan

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

Centre name:	Ard Na Rí Nursing Home
Centre ID:	ORG-0000405
Date of inspection:	04/02/2014
Date of response:	14/04/2014

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 did not accurately describe the premises, the facilities available or the practices that take place in the centre.

**Action Required:**

Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

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

A new revised statement of purpose and function has been created and forwarded to the Authority and is also available in the nursing home. This revised Statement of Purpose and Function has included the current room sizes.

**Proposed Timescale:** 02/05/2014

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

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

**Theme:** Leadership, Governance and Management

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

The residents register was incomplete. For example, the cause of a resident's death was not always recorded, the place from where the resident was admitted from was missing in some instances and there was an occasion where the address for the resident's next of kin was absent.

**Action Required:**

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) 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:**

A new bound register is in the process of being compiled, with all the information required by the regulations.

**Proposed Timescale:** 31/05/2014

**Theme:** Leadership, Governance and Management

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

Some policies were not centre specific and did not accurately reflect practices in the centre.

**Action Required:**

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

All policies will be revised and made Centre specific in line with regulation requirements. All these policies will be made available to staff.

**Proposed Timescale:** 31/05/2014

**Outcome 06: Safeguarding and Safety**

**Theme:** Safe Care and Support

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

The provider had not updated the policy on the prevention, detection and response to abuse to include that staff should not accept money as gifts from residents.

**Action Required:**

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

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

The policy will be updated to include that staff should not accept gifts from residents. This is also stated in the Employee Handbook.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

The provider had not ensured that correct procedure was always followed in relation to the keeping of records and sign-off procedures where personal possessions or monies are returned by staff to residents.

**Action Required:**

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

All staff have received training in the importance of keeping records accurate in relation to personal possessions and signing off procedures where personal possessions or monies are returned by staff to residents.

**Proposed Timescale:** 02/05/2014

**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 statement of purpose stated a health and safety officer was in place but staff were unaware of who this person was. The person in charge confirmed there was no designated health and safety officer in place.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

All staff are now aware who the Health and Safety officer is. An independent Health and Safety Officer has been engaged on the 1st. May, 2014 to review the Health and Safety Statement and also the Risk Management Register. All staff have been made aware of the new Health and Safety Officer in the Nursing Home.

**Proposed Timescale: 31/05/2014**

**Theme: Safe Care and Support**

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

The written policies in place around infection control were not in line with current best practice or national guidelines.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

The policy now states that staff return to work 72 hrs. after symptoms of the norovirus have ceased and not 24hrs as the policy stated. All staff will be made aware of the National Standards and Policies on Infection Control and also further Training on Infection Control will be provided.

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

**Theme: Safe Care and Support**

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

Moving and handling practices observed (such as under arm lifting) were unsafe and posed a risk to residents.

**Action Required:**

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

All staff will be retrained in moving and handling even though we have always provided training to all staff on a yearly basis this training however will focus on the issue raised in the recent report and going forward moving and handling will be monitored by the person in charge by regular Audits. This Training commenced with a qualified Physiotherapist on the 29th. April, 2014.

**Proposed Timescale: 31/05/2014**

**Theme: Safe Care and Support**

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

Inadequate arrangements were in place on the first floor for the storage of disposable gloves.

**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:**

Storage of gloves on the first floor will be risk assessed and all reasonable measures to prevent accidents put in place.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

Bedroom windows on the first floor were unrestricted and opened onto an unprotected flat roof building.

**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:**

All window restrictors have now been put in place. These areas will be regularly checked by way of a Check List in conjunction with the Maintenance Register.

**Proposed Timescale:** 02/05/2014

**Theme:** Safe Care and Support

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

The risk register did not include the risk attached to the first floor window opening onto a flat roof building. The written control measures in place for the prevention of pressure sores were inadequate. The policy in place in relation to assault and self harm was not centre specific, in that it referenced practices in a different centre.

**Action Required:**

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

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

1. The Risk Register will include the risk attached to the first floor window opening onto the flat roof. An independent Health and Safety Officer in conjunction with the Nursing Home Health and Safety Officer – Daveen Heyworth is under review.



2. The written control measures in place for the prevention of pressure sores is being reviewed.
3. A new Centre specific Policy on Assault and Self Harm has been created.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

The emergency plan in place was not familiar to staff and did not correspond to how it was described in the statement of purpose.

**Action Required:**

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

The emergency plan outlined in the statement of purpose and function is the emergency plan staff are now familiar with. Training is being provided to Staff covering the Emergency Plan on the 15th and 21st of May, 2014.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

The statement of purpose referred to an emergency response plan. However, staff had little awareness of this policy and the chain of command which was referenced in it. Staff familiarity with the working of the fire panel and the different fire zones in the centre was limited.

**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:**

New updated fire training will be provided to all staff with particular emphasis placed on the above issues. Training is being provided to Staff covering the Emergency Plan on the 15th and 21st of May, 2014.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

Staff familiarity with the working of the fire panel and their understanding of the different fire zones in the centre was limited. This impacted on their capacity to follow appropriate procedures in the event of a fire.

**Action Required:**

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

As already stated all staff will be retrained in fire safety to include the above issues.

**Proposed Timescale:** 31/05/2014

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

**Theme:** Safe Care and Support

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

Inadequate arrangements were in place to minimise the risk of the nurse being distracted during a medication round.

**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:**

Two Health care assistants will now be present to assist residents whilst the nurse is doing her medication round.

**Proposed Timescale:** 02/05/2014

#### **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 notification of an accident that was required to be reported to the Chief Inspector was not submitted within the three day time frame. When it was received it had the incorrect date of the accident.

**Action Required:**

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

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

All notifications will be submitted to the chief inspector in the time frame indicated.

**Proposed Timescale:** 02/05/2014

**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:**

The provider had not developed an action plan to address identified gaps and improving the quality of care and/or quality of life to residents in the centre.

**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:**

An action plan will be developed to identify any gaps and improve the quality of care to residents in the centre. This will take place through regular Audits carried out by the Director of Nursing and the Assistant Director of Nursing and other personnel as appropriate. We will seek resident and next of kin input to improve overall service and quality of care to residents.

**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 premises did not meet the needs of each resident in that it did not provide adequate seating in bedrooms, provide adequate screening in bedrooms, or provide adequate lighting in all bedrooms.

**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:**  
Seating arrangements in bedrooms will be reviewed ,lighting in bedrooms will be reviewed and adequate screening around each bed where needed to ensure privacy will be provided.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Care and Support

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

The premises was in a poor state of repair with scuffed walls and skirting boards, broken showers, incomplete tiling, chipped bed tables, significant cracks in the ceiling of an upstairs bedroom.

**Action Required:**

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

All works as stated above will be attended to by a professional builder. Chipped bed tables will be replaced. All works to be carried out as per Refurbishment Plan.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Care and Support

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

Parts of the premises were not suitably decorated such as the flooring in an upstairs bedroom and an upstairs bathroom.

**Action Required:**

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

These will be attended to during the refurbishment programme.

**Proposed Timescale:** 30/09/2014

**Theme:** Effective Care and Support

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

A profiling bed was not working at the time of inspection.

**Action Required:**

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

This bed in question is fully functional it was the residents choice to have it unplugged.

**Proposed Timescale:** 02/05/2014

**Theme:** Effective Care and Support

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

Residents had inadequate private space to meet with visitors.

**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 new private space will be created for residents to meet with visitors. This is included in our Engineer's Report.

**Proposed Timescale:** pending planning

**Theme:** Effective Care and Support

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

One twin bedroom measured 12.84 meters square. This was significantly below the recommended minimum size for a room occupied by two residents. There was only space for one chair and one commode in this room. In order to facilitate the use of a hoist one of the residents had to vacate the room. Therefore the size and layout of the room was not suitable for the needs of each resident.

**Action Required:**

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

This room is to be extended as to the Engineer's Report. At present we experience no difficulties in carrying out care for 2 residents in this room. In fact family members express satisfaction with this room.

**Proposed Timescale:** pending planning

**Theme:** Effective Care and Support

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

There were inadequate fully functioning showers on the premises.

**Action Required:**

Under Regulation 19 (3) (j) part 4 you are required to: Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

New showers will be installed as required replacing any non functioning shower units these units will have anti-scalding protection fitted as standard and thermostatic control valves.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Care and Support

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

There were no sluice facilities on the first floor which accommodated up to nine residents.

**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:**

An Engineer has been engaged and a new Sluice Area / Sanitary Area will be created on the first floor.

**Proposed Timescale:** pending planning

**Theme:** Effective Care and Support

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

Some residents in twin rooms did not have adequate wardrobe space and in some instances they shared a wardrobe with another resident.

**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:**

This room is being redesigned at the moment by our Engineer and work will commence in this Room in June, 2014.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Care and Support

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

A bedside lamp in one bedroom did not have a socket conveniently located. Therefore it was non functional.

**Action Required:**

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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

A new socket will be installed in this bedroom during the refurbishment programme.

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

**Theme:** Effective Care and Support

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

One staff toilet was provided. Staff changed and stored their personal items in this space which 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 new staff changing area will be created, as per Part 1 of the Engineer's Proposal. See Engineer's Report.

**Proposed Timescale:** pending planning

**Theme:** Effective Care and Support

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

A resident's bed smelt of urine.

**Action Required:**

Under Regulation 19 (7) (f) part 1 you are required to: Change bed linen, disposable sheets and incontinence wear as frequently as may be required for the comfort and well-being of each resident.

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

We take great pride in the cleanliness of our home, linen is changed on a regular basis and as required. Staff will be trained in the appropriate use of incontinence wear and the importance of regular linen changes.

**Proposed Timescale:** 02/05/2014

**Outcome 14: End of Life Care**

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

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

Overnight facilities were inadequate for families and friends to be with the dying person.

**Action Required:**

Under Regulation 14 (2) (c) you are required to: Facilitate each residents family and friends to be with them when they are dying and provide overnight facilities for their use.

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

Whilst a designated single room is not always available there are recliner chairs available for families and friends to rest. We have now engaged an Engineer to draw up Plans and these Plans include a single room designated for End of Life Care. See Engineer's Report.

**Proposed Timescale:** pending planning

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

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

The premises and facilities were such that it was unlikely for residents to be provided with the choice of a single room at end of life.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

As already stated, a single room will be made available for End of Life Care.

**Proposed Timescale:** pending planning



## Outcome 16: Residents Rights, Dignity and Consultation

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

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

Residents were not provided with privacy to the extent that each resident was able to undertake personal activities in private.

**Action Required:**

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

1. Screening curtains in twin rooms will fully encircle beds.
2. Storage areas for residents belongings will be reviewed.
3. Hands free telephone has now been made available for residents privacy.
4. A new private sitting area will be provided to the front and rear of the building.

**Proposed Timescale:** pending planning

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

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

Facilities were not in place for each resident to access a telephone in private.

**Action Required:**

Under Regulation 11 (3) (c) you are required to: Put in place telephone facilities that each resident can access in private.

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

A hands free phone is now available for residents to use in private.

**Proposed Timescale:** 02/05/2014

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

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

Suitable facilities were not provided for each resident to meet visitors in a suitable private area which was separate from the residents own private rooms.

**Action Required:**

Under Regulation 12 (3) you are required to: Provide suitable facilities for each resident to meet visitors in communal accommodation and, a suitable private area which is separate from the residents own private rooms.

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

A new private area to accommodate residents to meet family and friends is being facilitated by the creation of a sitting area at the front and rear of building.

**Proposed Timescale:** pending planning

**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:**

There was inadequate storage space provided for all residents to store their clothes.

**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:**

As already stated in previous outcomes this will be addressed in that new personal space will be made available to more suitably house residents possessions.

**Proposed Timescale:** pending planning

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

Shortcoming in the staff files include gaps in curriculum vitae not being accounted for and copies of original certificates of qualifications not being kept on file.

**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:**

All staff have fitness to work certificates in their files. Copies of current An Bord Antranais pin numbers for nurses are on file. Gaps in curriculum vitae will in future be accounted for.

**Proposed Timescale:** 02/05/2014

**Theme:** Workforce

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

Inadequate procedures were in place to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.

**Action Required:**

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

All references when checked by telephone will be documented in their personal staff file all certification required under regulation will be contained in the staff file.

**Proposed Timescale:** 02/05/2014