<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Stella Maris Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000105</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Baylough, Athlone, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 64 92162</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stellamaris1@eircom.net">stellamaris1@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Clare McNally</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Clare McNally</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Clare McNally</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>10 June 2014 10:00</td>
<td>10 June 2014 18:00</td>
</tr>
<tr>
<td>11 June 2014 09:00</td>
<td>11 June 2014 18:00</td>
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</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Stella Maris Nursing Home is located in Baylough, Co. Westmeath which is just outside Athlone town. The designated centre can provide residential care for up to twenty seven individuals. This inspection was conducted to assist in informing a decision for the renewal of registration of the designated centre under the Health Act. The inspection was conducted over two days by one inspector. The inspector met with residents, relatives and staff throughout the inspection. The inspector also reviewed documentation and observed practice. Residents and relatives spoken to stated satisfaction with the standard of care delivered in the designated centre. Staff were observed engaging in a dignified and respectful manner with residents. The person in charge is also the provider nominee for the designated centre. The person in charge and the assistant director of nursing facilitated the inspection and were
present both at the opening and feedback meeting.

There were two actions not satisfactorily completed from the previous inspection pertaining to fire safety and documentation. Moderate non-compliance was also identified regarding contracts of care, health and safety and risk management and the premises. Improvements were also required in relation to medication management, notifications of incidents to the Authority, the review of the quality of care provided, referrals to Allied Health Professionals, the arrangements in place regarding the privacy and dignity of residents in bedrooms and storage of residents' personal possessions.

The action plan at the end of this report states the actions which the provider/person in charge must take to ensure 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.

**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.**

<table>
<thead>
<tr>
<th><strong>Outcome 01: Statement of Purpose</strong></th>
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<tbody>
<tr>
<td>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.</td>
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</tbody>
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| **Theme:** |
| Leadership, Governance and Management |

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

| **Findings:** |
| An action from the previous inspection was that the Statement of Purpose did not contain all the Information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2009 (as amended), as the conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Health Act 2007 were omitted. The provider rectified this omission following on from that inspection and the inspector confirmed on this inspection that the conditions were included in the Statement of Purpose. The Inspector found that the Statement of Purpose accurately describes the service that is provided in the centre. |

| **Judgement:** |
| Compliant |
**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

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

**Findings:**
The Inspector reviewed a sample of contracts and was not satisfied that each resident had a written contract agreed within one month of admission. Of the sample reviewed one contract was agreed three months following the admission of the resident to the designated centre. A second contract was not dated therefore the inspector could not determine when it had been completed. It was also unclear the services which were to be provided by the designated centre and the fees to be included. For example, one contract stated that hairdressing was included in the fee however the person in charge confirmed that the resident paid additional costs for this service. Details of additional charges for services were also omitted. It was also unclear for residents who qualified for subsidised care, the personal cost to the resident.

**Judgement:**
Non Compliant - Moderate

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**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

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

**Findings:**
The person in charge is also the provider for the designated centre. The inspector met with the person in charge throughout the inspection and determined that the designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. The person in charge has been employed in the designated centre since 2006 and had held the position of Director of Nursing since 2008. Since the initial registration of the designated centre under the Health Act 2007 the person in charge has also engaged in further education relevant to their role. The person in charge is supported by an assistant director of nursing and a clinical nurse manager. A condition attached by the Chief Inspector to the designated centre's registration under section 50 of the Health Act 2007 is that the
A person in charge must work a minimum of thirty five hours a week and not be considered as part of the nursing staff. The inspector confirmed from a sample of rosters that the person in charge works thirty six hours a week over four days and that there is always an additional nurse on duty. Throughout the inspection, it was clear that the residents were familiar with the person in charge as the inspector observed residents regularly calling the person in charge by name, and requesting information from them. Residents further confirmed the identity of the person in charge when asked by the inspector.

Judgement:
Compliant

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

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

Findings:
An action from the previous inspection was that numerous documents did not have staff signatures or were not dated. Information relating to residents ingestion of medication was not maintained in an easy retrievable manner and there was no record of any limitations to the freedom of movement of residents. The inspector was satisfied that two of the three areas had been satisfactorily addressed. The ingestion of medication was clearly accounted for on the medication administration sheet and there was a clearer system for recording medication not ingested or re-administered and the rationale. The inspector also observed clear records of the limitation to the movement of residents both in the sample of personal files reviewed and in the record of restrictive practice maintained. However improvement was still required in staff signatures on documents, particularly policies and procedures which had been reviewed. Of a sample of policies reviewed, the date on the policy was post the date staff had signed to acknowledge receipt and awareness of the policy.

The inspector confirmed that the majority of 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 maintained in the designated centre. However there was one instance where the records as stated in Schedule 2 were not complete. A
staff who had ceased employment in the designated centre two years previous has re-commenced employment, however the documentation held in respect of this staff member had not be updated. There was also no record of the date the staff member’s employment ceased as stipulated in Schedule 4.

As part of the application for the renewal of registration of the designated centre under the Health Act 2007, the provider was required to submit confirmation that the centre is adequately insured against accidents or injury to residents, staff and visitors. There are also centre - specific policies in place which are regularly reviewed however as stated previously improvements were required to evidence that staff understand the policies.

**Judgement:**
Non Compliant - Moderate

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

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The Person in Charge has been absent from the designated centre for more than 28 days on one occasion since the last registration of the designated centre. The Chief Inspector was notified of the proposed absences within the appropriate time frame. The assistant director of nursing deputises as the person in charge. The inspector was satisfied that the deputy person in charge has the appropriate experience and qualifications to deputise in the absence of the person in charge. The Chief Inspector was notified that the assistant director of nursing was the deputy person in charge at the time of the absence.

**Judgement:**
Compliant

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

Findings:
An action arising from the previous inspection was that the designated centre managed the finances of one resident. The person in charge/provider nominee was the individual named to manage the finances. At the time of the inspection there was no evidence of financial abuse occurring, inspectors identified a risk present as there was only one signature present to account for both the income and expenditure of the resident, inclusive of fees to be paid to the designated centre. As a result, there is now a system in place which involved the key worker of the resident co-signing with the person in charge as an additional safeguard.

The designated centre has a policy and procedures in place for the prevention, detection and response to abuse. The inspector reviewed a sample of training records of staff and confirmed that staff received training in the prevention, detection and response to abuse. There have been no allegations or suspicions of abuse in the designated centre. Staff spoken to were able to demonstrate to inspectors the different forms of abuse and the actions to be taken in the event of an allegation or suspicion of abuse. Residents spoken to stated that they felt safe residing in the designated centre.

The designated centre has a policy and procedure pertaining to the safeguarding of residents finances maintained in the designated centre. The policy states that there is a safe in place which residents can store valuables in and that two staff signatures are required as a safeguard. However the safe is maintained in the private residence which is attached to the designated centre, therefore the inspector could not ascertain if the system was robust. The person in charge was informed that all valuables of the resident should be maintained within the designated centre, and the person in charge confirmed that the safe would be relocated.

As stated in Outcome 2, it was not clear the services residents received for the fee charged by the designated centre and the additional costs occurred. There was no evidence that residents were being charged inappropriately on the inspection however the inspector identified that a risk was present and informed the person in charge/provider during the feedback session.

Judgement:
Compliant
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

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

Findings:
The centre has in place policies and procedures relating to the health and safety of residents, staff and visitors. There was an up to date health and safety statement in place and risk management policy. There was a risk register in place which was reflective of the designated centre, however the inspector identified that there were areas where additional control measures could be identified however they were not. For example, as the designated centre is not purpose built there are hazards associated with the building. The Authority has been notified that there are plans to alter the premises however this was not identified in the risk register. The Inspector also reviewed documentation which resulted from internal Health and Safety audits. These audits were conducted by a member of staff, who had completed an appropriate training course. The inspector met with the staff regarding the actions which were identified in these audits and was informed of the measures which are being implemented to address them. For example, one fire exit was continually identified as being obstructed by equipment, therefore a simulated evacuation was planned to demonstrate to staff the hazards associated with this.

The designated centre has a policy in place regarding infection control. The inspector observed records of cleaning throughout the designated centre which were up to date. The designated centre utilises a colour coding system for equipment utilised to clean the various rooms to prevent against cross infection. Of the sample of staff training records reviewed, the inspector confirmed that staff receive training in infection control. The inspector was not satisfied that staff engaged in hand hygiene at appropriate intervals, particularly around mealtimes. An audit conducted by management also identified that staff were not always engaging in appropriate hand hygiene, however there was no evidence available of the actions taken to address this finding as discussed in Outcome 10. The inspector also observed open bins in bathroom areas and there was no warm water for washing hands in the sluice room.

An action from the previous inspection was that although fire drills were being conducted the information available to support the effectiveness of the drills was not sufficient. On this inspection, the inspector found that the action had not been satisfactorily addressed as in some instances it was documented that the fire drill took forty minutes to complete. The health and safety officer of the designated centre reported that this included discussion with staff following the drill. The inspector informed the Person in Charge that this did not provide the assurances that in the event of an emergency, residents could be evacuated in an appropriate and safe time frame.
based on their needs and staffing levels. Of the sample of resident files reviewed, all residents had a personal evacuation plan in place.

As part of the application process for the renewal of registration for the designated centre, the provider is required to submit written confirmation from a competent person that all the requirements of the statutory fire authority are compiled with. This confirmation was submitted to the Authority prior to the inspection. The inspector also reviewed the records of fire maintenance and confirmed that fire equipment was checked and serviced at appropriate intervals. Of the sample of training records for staff reviewed, staff received training in the prevention and management of fire annually, as per the policy of the designated centre. The centre also has a clear policy on the action to be taken in the event of an emergency, however the inspector was not satisfied that the information displayed throughout the designated centre was reflected of this procedure and informative to residents, staff and visitors. The inspector was also not satisfied that the procedure was reflective of the actual conditions of the staffing of the centre. For example, it states that two staff are required to attend one area of the designated centre based on the fire system, however this would mean that at night only one staff is available to evacuate residents. Staff spoken to were able to demonstrate to staff the action to be taken in the event of a fire. Of the residents spoken to, residents were able to identify the need to evacuate if the alarm sounded but were not clear on the location of the assembly point.

**Judgement:**
Non Compliant - Moderate

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**Outcome 08: Medication Management**

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**
Safe Care and Support

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

**Findings:**
An action required from the previous inspection was that the practices relating to residents medication were not in line with the policy of the organisation. The inspector reviewed the policy and ascertained that it had been updated to reflect the practices relating to residents' ingestion of medication and that the medication administration records of residents had been updated to reflect same. The processes in place for the handling of medicines, including controlled drugs were safe and in accordance with current guidelines and legislation. The inspector confirmed that the nurse on duty is the only member of staff with access to the medication trolley which was secured within the nursing office. There is a specific cupboard allocated to the storage of controlled drug which had two locks. The inspector confirmed that an inventory of the controlled drugs was conducted in the morning and the evening and that the amount recorded on the
morning of the inspection concurred with the stock present when the inspector checked.

The inspector observed the administration of medication and was satisfied that staff adhere to appropriate medication administration practices. For example, the staff nurse wore an apron which requested that they do not be disturbed whilst administering medication and the staff nurse who signed the medication administration record was at all times observed administering the medication. Residents also had assessments in place regarding the self-administration of medication, and those who were deemed as having the ability to self-administer were supported to do same.

As stated previously there was a policy in place regarding the prescribing, ordering and administration of medicines to residents. The inspector completed a random check on the availability of medication as required for residents being stocked within the designated centre and found that in one instance the medication was not available. Staff informed the inspector that this was as staff were no longer administering the medication to the resident as it was no longer required. However the General Practitioner or the nursing staff had not amended the prescription sheet and/or the medication administration record as stated is the procedure within the policy. The inspector found that staff were not in compliance with the policy of the designated centre.

Judgement:
Non Compliant - Minor

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

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

Findings:
The inspector reviewed the incidents/accident log in the designated centre and was satisfied that all incidents and accidents which occurred in the designated centre were recorded and audits occurred regarding the incidents. The inspector found that there were inconsistencies in the notifiable incidents which were reported to the Chief Inspector. For example, there was an incident recorded involving a staff member being assaulted by a resident however this was not reported in the quarterly report. There was also an incident where a resident was transferred to hospital following an unwitnessed fall and had received a laceration to the head. This was not notified within three days as required by legislation.

Judgement:
Non Compliant - Moderate
### 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

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

**Findings:**
The inspector reviewed a report which aimed to assess the quality of care in the designated centre in 2013. The review addressed both clinical needs of residents and social needs such as resident consultation. The designated centre also conducts regular audits. Audits included health and safety as stated in Outcome 7, maintenance, hand hygiene as stated in Outcome 7, pressure ulcers, oral nutritional supplements, the use of restrictive practice such as bed rails and a menu audit. The inspector found that there were inconsistencies in the evidence of learning from these reviews. In some instances such as the review of accidents and incidents it was clear the actions which had been taken as a result of the learning. However in other instances such as the hand hygiene audit and the menu audit, the information was gathered however there was no evidence of learning from the information obtained.

**Judgement:**
Non Compliant - Minor

### Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective Care and Support

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

**Findings:**
There was one action identified in the previous inspection regarding the consultation with residents and representatives. The inspector was satisfied that the action had been satisfactorily addressed. The inspector reviewed a sample of residents' files and was
satisfied that the appropriate assessments were occurring for residents at appropriate intervals. The inspector was also satisfied that person centred care plans were developed as a result of the assessment. Care plans reviewed were updated three monthly as per legislative requirement. However the inspector identified inconsistencies in assessments being updated and care plans being reviewed as a result of a change in need or incident. In some instances there was evidence that this occurred, however in other instances, such as following a fall, the mobility assessment and care plan was not updated. There was evidence that appropriate referrals were completed to Allied Health Professionals. However there was evidence that when a residents' need further developed or changed a re-referral was not completed as per the care plan. For example, a resident who had been reviewed by the dietician as a result of being assessed at risk of malnutrition had further deteriorated. The care plan which was created post-assessment stated that the resident would be referred to the dietician as required had not been despite a notable further decrease in their weight, as recorded weekly.

The inspector was not satisfied that the evidence supported that all efforts were made to alleviate the cause of behaviours that challenge for an individual, despite the inspector observing staff being mindful of the risk present from the resident and documentation being present that incidences had occurred. The need had been identified, however the interventions documented were generic and did not inform the exact actions to be taken to support the individual.

There was a weekly activity programme in place in the designated centre, and the inspector found that activities taking place were reflected of the documented choice and preferences of the residents. Residents reported that they enjoyed the activities and the inspector observed residents actively discussing one of the morning activities throughout lunch.

Judgement:
Non Compliant - Minor

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

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

Findings:
There were two actions identified on the previous inspection relating to the premises of the designated centre. The first related to a strong smell of smoke in the day room from
the designated smoking area and the ventilation in the sluice room was inadequate. The provider had addressed both actions on this inspection, however the inspector observed that there was still a strong smell of smoke in the day room, indicating that despite brush seals being added to the door of the smoking room, the ventilation was inadequate in the smoking room.

The second action pertained to plans to ensure compliance with legislation regarding premises by July 2015. The provider submitted the plans and on this inspection assured the inspector that compliance will be achieved within the required time frame. The designated centre is a three storey building with the first two floors consisting of the designated centre and the third floor being a private dwelling. Residents' bedrooms are located on both the ground and first floor. There are seven single occupancy rooms, seven double occupancy rooms and two triple rooms. By July 2015, this will be altered to seven single occupancy rooms and nine double occupancy rooms, reducing the capacity of the centre from 27 to 25. The inspector observed that the design and layout of the designated centre are in line with the Statement of Purpose and Function of the designated centre. The premises generally meet the needs of the current residents residing there, however there was one double bedroom which was not promoting the dignity of the residents residing there. Due to the layout of the room, residents with assessed high dependency needs and required assistive equipment were residing in the room. The inspector observed that there was insufficient space in the room to accommodate the needs of the resident without impinging on the privacy and personal space of the other resident. Therefore the inspector determined that the room should be single occupancy for residents with a dependency need of maximum or high and double occupancy if residents were assessed as having a low to medium dependency level.

As stated in Outcome 16, there is a visitors' room available in the designated centre, however on the day of inspection the room was very warm and the temperature reading was twenty six degrees. The inspector determined that additional ventilation is required in the room. The laundry room was also inadequate due to the size and layout as stated in Outcome 17.

The inspector observed bedrooms to be personalised and the centre to be homely. There is adequate private accommodation available. The dining room area was not sufficient to meet the number of residents accessing it as stated in Outcome 15. There were a sufficient number of toilets and showers available and each bedroom had a minimum of a handbasin with ten bedrooms being en suite. The inspector observed that areas in the designated centre such as bathrooms required re-decoration as despite evidence that they were cleaned regularly, on inspection of the bathrooms this was not reflected.

Residents have access to a decking and garden area, which is enclosed. There is a separate kitchen area and staff facilities, inclusive of changing area and lockers.

Judgement:
Non Compliant - Moderate
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

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

Findings:
There is a clear policy and procedure in place regarding complaints in the designated centre, which was displayed prominently on the notice board in the hallway. As part of the application for the renewal of registration of the designated centre, the provider must declare the number of complaints that have been investigated in the previous six months. The application stated that there had been no complaints in the previous six months, however the complaints log maintained in the designated centre stated that there had been one. The complaints log identifies the complainant, the nature of the complaint, the date, the investigation process and the outcome. The inspector reviewed the complaint and found that the complaint had been investigated and resolved as per the policy of the organisation. The inspector spoke to residents and relatives who stated that they had never had to invoke the complaints procedure however would feel comfortable to do so if necessary. Residents identified both the Person in Charge and the Deputy Person in Charge as the individuals they would direct their complaint to. The complaints log evidenced that staff were aware of the process to be followed in the event of a complaint. The complaints policy also identifies that there is an independent person available for appeals if necessary.

Judgement:
Compliant

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

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

Findings:
There were two actions from the previous inspection in relation to end of life care. Information had been received by the Authority that the care residents received at the end of their life and following their death was not satisfactory. At the time of the
inspection there was no evidence available to substantiate the information as residents did not have end of life care plans and there was no documentation available to demonstrate what occurs following the death of a resident. On this inspection, the inspector was satisfied that the actions had been completed.

The designated centre has a policy in place for end of life care. Of the sample of residents' files reviewed, each resident had an end of life care plan which addressed their choice and wishes both prior to and following on from their death. The inspector found that the care plans were holistic and person centred. The inspector also reviewed the files of deceased residents and found that documentation supported that care practices were in place so that residents receive end of life care in a way that meets their individual needs and wishes. The designated centre does not have a dedicated room for relatives to stay in when their loved one is dying. However inspectors met with the family member of a resident who had recently died and they stated that the staff could not do enough for them. They were facilitated to be with their loved one for a week prior to their death at any time of the day or night and that staff treated both the resident and the family with dignity and respect. The relative further stated that they were supported to spend as much time as they chose with their loved one following their death and were provided with sufficient time to remove their relatives' belongings from the designated centre following the funeral.

**Judgement:**
Compliant

**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

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

**Findings:**
There is a written organisational policy in place for the monitoring and documentation of nutritional intake. The inspector reviewed a sample of residents' personal files and found that nutritional assessments were completed for residents. The inspector further observed that monthly weights were recorded for all residents. For residents where a need was identified, care plans were developed and there was evidence of monitoring of the food and fluid intake of the resident and the residents' weight was recorded weekly. There was evidence that appropriate referrals were in place to the relevant allied health professional such as a dietician. However, as stated in Outcome 11, the inspector found that there were inconsistencies in re-referral to dieticians when the residents' need had further developed or had remained unchanged. For example, care plans identified that an individual, who had been assessed by a dietician previously, should be referred to the...
dietician as required, however the resident had a significant decrease in weight since the initial assessment but there was no evidence of a re-referral.

The inspector observed that residents had access to fresh drinking water and were offered food and drinks throughout the day. The daily menu was prominently displayed in the dining room and there was a choice of two meals on offer for dinner. The inspector also spoke with residents regarding the choice available and they stated that they were satisfied with the menu. One resident stated that their favourite meal was roast beef and that this was regularly available. As stated in Outcome 10, an audit had been completed on the menu and food was regularly discussed in residents meetings. The inspector observed staff assisting residents who required a modified diet and observed that the food was presented appropriately and that residents were supported in a discreet and sensitive manner.

As stated in Outcome 12, the inspector observed that the dining room was crowded during mealtimes with 17 residents dining. Residents were observed having to move to facilitate other residents having to access their seat. As medication is administered at this time, the presence of the medication trolley blocked one exit therefore a risk was present if a resident had to be supported as a result of an accident/incident. The risks identified were discussed with the person in charge during the feedback session.

Judgement:
Compliant

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

Residents are consulted with and participate in the organisation of the centre. Each resident's 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

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

**Findings:**
Residents are consulted in how the centre is planned and run through a formal residents committee. The organisation has a policy in place regarding residents consultation and feedback. The inspector also observed information available to residents regarding access to an independent advocate. The Inspector reviewed a sample of minutes from the residents' committee and was satisfied that this was a forum in which feedback was sought from residents. Relatives spoken to stated that they were assured that their loved one could exercise autonomy and choice as regards to how they spent their day inclusive of the activities they took part in and when they chose to go to bed or to rise in the morning. Residents stated that they also felt that they had choice. The inspector was informed by a resident that they were supported to exercise their political right by
voting in the recent election. The inspector observed that there were two areas available for recreation in the designated centre and activities occurred daily. The designated centre has a visitor's room available in which residents could meet visitors in private, however as stated in Outcome 12, the temperature in the room was 26 degrees on the day of inspection.

Relatives informed the inspector that they felt that they could visit their loved one at any time and were always welcomed by staff. Residents informed the inspector that they could utilise the phone in the office of the person in charge if they wished to make a private call. The inspector found that staff treated residents with dignity and respect, however improvement was required in the use of language by staff, both in documentation and on labels in residents' rooms. Storage of personal items in double rooms also required improvement, as in some instances products required for intimate care were in open view and residents were sharing wardrobes. Inspectors observed that the designated centre is part of the local community with numerous visitors and majority of the residents being from the local community. Residents and relatives informed the inspector that the designated centre was chosen as they knew of someone who had previously resided there. There was newspapers available daily, and the inspector observed residents watching the news and listening to topical programmes on the radio.

As stated in Outcome 12, the inspector was not satisfied that one double room was meeting the privacy and dignity of one resident based on their needs, as the assistive equipment required resulted in impingement on the personal space of another resident.

Judgement:
Non Compliant - Minor

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

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

Findings:
The designated centre has a policy in place regarding the storage of residents' personal property and accounts. The inspector observed a record was maintained of residents' personal property and that this was updated regularly. There was a facility available for the storage of residents' valuables in a communal safe. The policy of the organisation clearly states the procedures to be followed inclusive of two staff signing the envelope in which the valuables or money is maintained along with the signature of the resident. However the safe was maintained in the private residence which is attached to the designated centre. The inspector was unable to inspect the system to confirm if it was
robust. The person in charge was informed at the feedback meeting that all information and possessions of residents should be maintained in the designated centre at all times.

There is a dedicated laundry room in the designated centre, however due to the layout and size there is inadequate space to segregate clean clothes for clothes which are yet to be laundered. There was also no room available for an iron or an ironing board, however the person in charge stated that an ironing board and iron are available upon request but are rarely utilised. The person in charge informed the inspector that they are currently reviewing additional options and have engaged an engineer. The inspector observed one washing machine which had the capacity to launder clothes at appropriate temperatures to ensure robust infection control. The inspector further confirmed that residents' clothes are individually labelled and residents stated that there was never an issue with clothes being returned.

**Judgement:**
Non Compliant - Moderate

**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

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

**Findings:**
Prior to the inspection, the provider was required to submit the staffing levels of the designated centre to the Authority as this inspection was to assist in making a decision regarding the renewal of registration of the designated centre. The inspector reviewed a sample of rosters and observed staffing throughout the two days of the inspection and confirmed that the staffing levels were reflective of submission by the provider and the rota. The inspector did not find evidence to suggest that the staffing levels were not meeting the assessed care needs of residents, however as stated in Outcome 7, the evidence regarding emergency evacuation did not assure that all residents could be supported in the event of an emergency, particularly at night.

The inspector reviewed a sample of training records and confirmed that staff received the mandatory training in manual handling, fire prevention and elder abuse at appropriate intervals. There was evidence that staff have been supported to attend additional training such as training regarding End of Life based on a need identified by the person in charge. The organisation has a policy in place regarding the recruitment of staff. There was evidence that staff were supervised and that annual performance
appraisals occur.

The inspector confirmed that there is a nurse on duty at all times. The inspector reviewed a sample of staff files and was satisfied that all the requirements of Schedule 2 had been met. However as stated in Outcome 4, the inspector was not satisfied that relevant documentation was updated for a staff member who had ceased and then re-commenced employment. There were no volunteers attending the designated centre at the time of the inspection, however there was a student completing a work experience placement. The inspector confirmed that the student had appropriate training and Garda Vetting in place prior to commencing their placement.

**Judgement:**
Non Compliant - Minor

**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 all the people who participated in the inspection.

**Report Compiled by:**

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

**Centre name:** Stella Maris Nursing Home  
**Centre ID:** ORG-0000105  
**Date of inspection:** 10/06/2014  
**Date of response:** 18/07/2014

**Requirements**

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

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

**Theme:**  
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Of the sample reviewed, one contract of care was agreed within three months of admission. Another contract reviewed did not have a date, therefore it was unclear of the date of agreement.

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

**Please state the actions you have taken or are planning to take:**  
Going forward, to ensure contracts are signed and returned in a timely manner, they will be provided to the resident/ family member at pre admission stage with a requested return on admission. Policy has been updated to reflect this change.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Proposed Timescale: 18/07/2014</th>
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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
| There were inconsistencies in the services to be provided in the contract of care and the actual services provided. Details of additional charges for services were not covered in the contract. |
| **Action Required:**
| Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged. |
| **Please state the actions you have taken or are planning to take:**
| All current contracts have been reviewed and services included in the fee have been highlighted |
| A letter has been drafted and will be distributed to residents/family members to clarify services included/not included within the fee |

| Proposed Timescale: 31/07/2014 |

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<tr>
<th><strong>Outcome 04: Records and documentation to be kept at a designated centre</strong></th>
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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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</table>
| **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
| The dates of employment of staff were not maintained in the designated centre. |
| **Action Required:**
| Under Regulation 24 (1) you are required to: Maintain, in a safe and accessible place, a record of the name, date of birth and details of position and dates of employment at the designated centre of each member of the nursing and ancillary staff; details of the qualifications and a copy of the certificate of current registration of each member of the nursing staff employed; and appropriate weekly duty rosters covering 24 hour periods. |
| **Please state the actions you have taken or are planning to take:**
| Staffing file has been updated to include dates of employment |

| Proposed Timescale: 18/07/2014 |
### 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:
Additional control measures were not identified in the risk register of the hazards identified in the designated 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:
Risk assessments for all proposed works has now been included in the risk register

#### Proposed Timescale: 18/07/2014

#### Theme:
Safe Care and Support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There is an emergency plan in place, however it was not reflective of the staffing levels of the designated centre at night.

#### 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:
Emergency plan has been updated, is more robust, detailed and is reflective of our plan in place in the event of an emergency at night

#### Proposed Timescale: 18/07/2014

#### Theme:
Safe Care and Support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy identified the hazards associated with inappropriate hand hygiene however this was not appropriately implemented within the designated centre.

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

**Please state the actions you have taken or are planning to take:**
Hand hygiene in under review in line with the risk management policy. In future, audits will have more detailed outcomes

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<th>Proposed Timescale: 18/07/2014</th>
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<tr>
<td>Theme: Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy identifies practices to be implemented to reduce the risk of infection, however there was no warm water available in the hand washing sink in the sluice room on the day of inspection, therefore the policy was not implemented in practice.

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

**Please state the actions you have taken or are planning to take:**
Warm water in the sluice room has been reviewed and rectified by our contracted plumber

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<th>Proposed Timescale: 18/07/2014</th>
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<tr>
<td>Theme: Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although fire drills were conducted, the information available did not provide assurances that all residents could be evacuated from the designated centre in a safe and timely manner, based on the needs of the residents and staffing levels.

**Action Required:**
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

**Please state the actions you have taken or are planning to take:**
Simulated fire evacuation has taken place, horizontal, vertical and total. Some residents were involved in this evacuation with their consent. Detailed report has been documented for this. This shows that residents can be evacuated in the case of an emergency

Going forward full reports with outcomes will be maintained
## Proposed Timescale: 18/07/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The information available throughout the designated centre did not adequately reflect the layout of the designated centre and the actions to be taken.

**Action Required:**
Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

**Please state the actions you have taken or are planning to take:**
Fire engineer will update evacuation plans to highlight the individual zones on each and the new version will displayed in the centre

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## Proposed Timescale: 31/07/2014

### Outcome 08: Medication Management

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff informed the inspector that medication had been discontinued and therefore was no longer stocked in the designated centre. However the designated centre did not adhere to policy as there was no record of this on the prescription sheet and/or medication administration record.

**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:**
Policy has been updated to direct nursing staff if this occurs again

Nursing Staff are required to sign off on this policy update

Sufficient time has been allocated for policy sign off to cover staff on annual leave

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**Proposed Timescale: 08/08/2014**
<table>
<thead>
<tr>
<th><strong>Outcome 09: Notification of Incidents</strong></th>
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<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The Chief Inspector was not notified within three working days of a resident being transferred to hospital following an unwitnessed fall with a laceration to the head.</td>
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<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>There was no additional treatment provided by the hospital and resident was transferred back to the nursing home, therefore notification was not submitted.</td>
</tr>
<tr>
<td>Clarification on notifications was provided to the person in charge at time of inspection. Going forward such notifications will be submitted.</td>
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**Proposed Timescale:** 18/07/2014

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<thead>
<tr>
<th><strong>Theme:</strong> Safe Care and Support</th>
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<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The accident log contained a report that a staff member had been assaulted by a resident, this was not reported to the Chief Inspector in the quarterly report.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>Going forward, incidents will be reported to the chief inspector as required</td>
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**Proposed Timescale:** 31/07/2014
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:
Although there was evidence of audits conducted, there were inconsistencies in the evidence available to identify the improvement to the quality of care and life of residents as a result of the audits.

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:
Most recent audits have been reviewed and have specific outcomes. All future audits will have specific outcomes attached to them

Proposed Timescale: 18/07/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were inconsistencies in care plans being reviewed as a result of a change in need being identified or an incident was occurring.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
Further training will be provided for all nursing staff to reinforce correct procedures in relation to reassessments, care plans and re-referrals to appropriate allied health professionals

Proposed Timescale: 08/08/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not re-referred to Allied Health Professional when there was evidence that the initial interventions were not effective.

**Action Required:**
Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

**Please state the actions you have taken or are planning to take:**
Further training will be provided for all nursing staff to reinforce correct procedures in relation to reassessments, care plans and re-referrals to appropriate allied health professionals.

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

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### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective Care and Support

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The temperature in the visitors' room was 26 degrees on the second day of inspection.

**Action Required:**
Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

**Please state the actions you have taken or are planning to take:**
An air conditioning unit has been purchased and will be installed in the visitors room on its delivery.

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

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**Theme:**
Effective Care and Support

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Areas of the designated centre require redecoration as despite cleaning schedules evidencing regular cleaning, the areas did not reflect this.

**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:**
Redecoration of the rooms detailed in this report are part of the refurbishment plans.
Currently under review with the engineer.

Our building contractor is in discussions with the engineer at this time.

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

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The dining space could not adequately accommodate the number of residents accessing the area.

**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:
The informal two sittings at mealtimes have been made more structured to ensure there is adequate space in the dining room at meal times.

**Proposed Timescale:** 18/07/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was one room which did not meet the assessed needs of the resident residing there.

**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 resident no longer resides in this bedroom

Going forward, only residents with needs of medium or low dependency will be accommodated in this room

**Proposed Timescale:** 18/07/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The ventilation in the smoking room and the visitors room was inadequate.

**Action Required:**
Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

**Please state the actions you have taken or are planning to take:**
Larger fan will be installed into the smoking room, contractor has agreed to this date

**Proposed Timescale:** 31/07/2014

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**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:
As stated in Outcome 12, one double room was not suitable for residents with high dependency needs as there was insufficient room to navigate the necessary assistive equipment required without impinging on the private space of another resident.

**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:**
This resident no longer resides in this bedroom
Going forward, only residents with needs of medium or low dependency will be accommodated in this room

**Proposed Timescale:** 18/07/2014

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

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector could not inspect the valuables belonging to residents maintained in the safe as it was maintained in the private dwelling attached to the designated centre.

**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
<th>Safe has been relocated to an area which is accessible to staff</th>
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<tbody>
<tr>
<td>Proposed Timescale:</td>
<td>18/07/2014</td>
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<tr>
<td>Theme:</td>
<td>Person-centred care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The laundry facilities do not provide adequate space.

**Action Required:**
Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

**Please state the actions you have taken or are planning to take:**
Plans have been drafted for relocation of the laundry room. Work is scheduled to commence as soon as plans are agreed between all parties involved.

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

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**Outcome 18: Suitable Staffing**

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<tr>
<th>Theme:</th>
<th>Workforce</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The evidence available to assure that staffing levels at all times in the designated centre ensure that all residents could be evacuated in a timely manner was not satisfactory.

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

**Please state the actions you have taken or are planning to take:**
Simulated evacuation of residents at lowest staffing levels has been carried out which provides evidence of adequate staffing.

**Proposed Timescale:** 18/07/2014