| **Centre name:** | St. Kieran’s Care Home |
| **Centre ID:** | OSV-0000432 |
| **Centre address:** | Rathcabbin, Roscrea, Tipperary. |
| **Telephone number:** | 057 913 9069 |
| **Email address:** | stkieransnh@gmail.com |
| **Type of centre:** | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| **Registered provider:** | St. Kieran’s Nursing Home Limited |
| **Provider Nominee:** | Matthew Gormally |
| **Lead inspector:** | Gemma O'Flynn |
| **Support inspector(s):** | Julie Hennessy |
| **Type of inspection** | Unannounced |
| **Number of residents on the date of inspection:** | 23 |
| **Number of vacancies on the date of inspection:** | 10 |
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 08 September 2014 10:00
To: 08 September 2014 15:30

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

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<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This inspection took place over the course of one day and was unannounced. The inspection was carried out in follow up to a two day inspection undertaken in January to inform a registration renewal decision. During the initial inspection, a number of issues had been identified in regards to the adequacy of the centre's premises and the inspector was not satisfied that the premises were able to fully meet the residents' individual and collective needs.

On this inspection, six outcomes were examined, including: Governance & Management, Suitable Person in Charge, Absence of the Person in Charge, Safeguarding & Safety, Health & Safety & Risk Management and Safe & Suitable Premises. As part of the process, inspectors reviewed documentation such as care plans, staff files, policies and audits, observed practices and met with residents and staff. The recently appointed person in charge and recently appointed clinical nurse manager were also met with as was the provider.

Overall, inspectors were satisfied that care practices were good and that residents appeared happy in the centre, however, the premises issues remained unresolved and building work that had been due to take place to address those issues had not yet commenced. The actions proposed by the provider in an interim plan whilst building works were on hold, had not been fully completed. There was a clearly defined management structure in place to provide adequate governance, however, some management systems had not been fully implemented such as audit reviews.
being outside of their review date. Some areas of non compliance were identified in safeguarding and safety.

These are discussed in detail throughout the report and in the action plan at the end of the report.

**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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure in place in the centre that identified the lines of authority and accountability within the centre. The centre had recently appointed a new person in charge and a new clinical nurse manager. Management systems ensured that regular staff meetings were held and minutes that were reviewed at inspection showed that staff were kept informed of the changes to the management structure in the centre.

Whilst there was a system in place to review and monitor the quality and safety of care and quality of life of residents on an annual basis, some reviews that had been undertaken in 2013 were outside of their review date for 2014 such as a nutrition audit, adult protection and continence care. The person in charge and clinical nurse manager told the inspector that they were aware of this and were in the process of reviewing the format of their audits and planned to have a formal structure in place for the completion of further audits for 2014. To date, two audits had been completed for 2014 and these included a review of care plan documentation and restrictive practices in the centre. These audits were comprehensive and included an update as to how practices had changed in the centre following the audit; such as the introduction of new resident repositioning record charts and hospital transfer log sheets to ensure this information was more accessible.

The provider visited the centre on a daily basis and this was confirmed by staff. Whilst the person in charge told the inspector that informal daily meetings were held in regards to the management of the centre, there was no evidence of these meetings or how they informed the development of quality and safe services in the centre.
### Judgment:
Non Compliant - Minor

#### Outcome 04: Suitable Person in Charge
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**

Overall, the inspector found that the centre was managed by a suitably qualified and experienced person with authority and accountability and responsibility for the provision of the service.

The centre had recently appointed a new person in charge. She was a nurse with more than three years in the last six in the area of nursing of the older person. She was already working as a clinical nurse manager in the centre and had been employed there for approximately six years. Her post was a full time position and she was able to demonstrate good clinical knowledge of the residents and had an adequate knowledge of the legislation and told the inspector that she planned on developing her knowledge of the legislation further over the coming months.

The person in charge stated that she had recently completed a management and leadership course and was awaiting accreditation for same. She discussed other courses she had undertaken to maintain her continuous professional development such as venepuncture, male catheterisation and end of life care.

**Judgment:**
Compliant

#### Outcome 05: Documentation to be kept at a designated centre
*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Aspects of this outcome were examined in regards to staffing and residents' records. Overall, the inspector was satisfied that records were maintained in the centre and were kept in a secure manner and all information was easily retrievable. Some improvements were required to ensure that records pertaining to staff references were complete and up to date.

A number of policies had been implemented since the previous inspection, specifically in relation to the prevention, detection and response to abuse, management of behaviour that challenges and the use of restraint.

The inspector reviewed a selection of staffing records. Most of the required documents were on file, however, in some instances references were outstanding from the most recent employer and the number of references on file for some staff did not meet the requirements of the Regulations. The person in charge confirmed that outstanding documentation had been requested and they were awaiting receipt of same. The inspector noted that records to show that references that were on file had been verified to ensure their validity were not maintained, this was discussed with the provider and the person in charge on the day.

The inspector reviewed residents' records for a sample of residents. The inspector found that the information required under Schedule 3 was available in each resident's file. Some improvements to the maintenance of documentation were required to ensure that documentation is complete and up to date and these are further discussed under Outcome 7: Safeguarding and Safety and in the associated action.

Judgment:
Non Compliant - Minor

Outcome 06: 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:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that there were satisfactory arrangements in place for the
management of the designated centre during the absence of the person in charge.

There had been one instance whereby the person in charge of the centre was absent for more than 28 days and the provider had notified the Authority as per the Regulations. A new clinical nurse manager had recently been appointed in the centre and she was nominated to deputise for the person in charge if she should so be absent. She was a nurse with experience in nursing the older adult and had been working as a person participating in the management of the centre for a number of months. She demonstrated good knowledge of the legislation. She and the newly appointed person in charge discussed plans that they had for the coming weeks to ensure that comprehensive systems were in place to assure effective governance.

**Judgment:**
Compliant

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**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that overall, measures were in place to protect residents from being harmed or suffering abuse. However, some improvements were required in relation to the maintenance of documentation regarding behaviours that challenge and ensuring that interventions in care plans were up to date.

There were organisational policies in place in relation to the protection of vulnerable adults and behaviour that challenges.

The inspector spoke with residents who confirmed that they felt safe in the centre and that knew who to talk to if they needed to report any concerns of abuse.

There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

The inspector reviewed a sample of files for residents with behaviours that challenge and found that improvement was required to the documentation. Although a specific type of behaviour that challenged was documented; it had not been identified as being a behaviour that challenges. The inspector found that it was the centre's practice to record behaviours only and did not routinely record the antecedent and consequence of
behaviours that challenge to help to determine and alleviate the underlying causes. Despite this, the person in charge and the clinical nurse manager were able to discuss the strategies that were being employed to effectively support this resident.

The inspector also noted that although a care plan for behaviours that challenge had previously been in place for a resident and this had been appropriately discontinued when the resident became unwell; a new care plan had not been completed when the resident recovered so as to ensure that s/he were supported in a consistent way to manage their own behaviours that challenge. The person in charge completed a new care plan for the resident prior to close of the inspection.

The inspector reviewed restrictive practices in the centre, including the use of bedrails and a wedge cushion used when a resident was in bed. The inspector found that documentation indicated that practices were safe in the centre. Records were maintained of regular nightly checks for residents with bedrails in use. Care plans were up to date. However, consent for the use of restrictive practices for one resident with both bedrails and a wedge cushion, which was used when the resident was in bed, was not documented.

The inspector reviewed systems in place to ensure that residents were protected from financial abuse and found suitable arrangements in place. Evidence was available that where residents required supports that this was made available to them, such as legal advice.

**Judgment:**
Non Compliant - Minor

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**Outcome 08: 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(s):**
No actions were required from the previous inspection.

**Findings:**
One aspect of this outcome was examined on inspection and this related to the arrangements for ensuring reasonable measures were in place to prevent accidents in the centre.

The inspector found that the arrangements for identifying hazards in the centre were insufficient as during the inspection a number of issues were identified. For example, it had been the practice of the centre to carry out monthly health and safety audit checks but these were discontinued in February 2014. During the inspection, the inspector observed a door saddle situated in the hallway which due to its height posed a potential trip hazard to residents, staff and visitors to the centre. In one instance, a bed, albeit, in
an unoccupied room, was positioned adjacent to a radiator without an appropriate cover to prevent the risk of burns to a resident.

There was a large, loose tile in one of the bathrooms and a raised raw concrete incline in the shower area that also posed a potential slip, trip or fall hazard. The inspector also noted that a large number of commode/shower chairs were rusty in appearance, as were some raised toilet seat frames, which posed an infection control risk as rusty commodes are difficult to clean and can continue to deteriorate. This was discussed with the provider and the person in charge on the day of inspection.

Judgment:
Non Compliant - Moderate

**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

**Findings:**
Overall, the inspector was not satisfied that the premises fully met the residents' individual and collective needs and not all of the issues raised in the last inspection had been adequately addressed.

The centre was homely with sufficient furnishings, fixtures and fittings and it was clean throughout. However, the design and layout of some of the shared bedrooms was not suitable to meet the needs of residents. There were an insufficient number of toilets and showers for the number of residents that the centre can accommodate. Whilst there was a wash hand basin in each bedroom, some were inaccessible due to the location of fitted wardrobes and in some cases residents' beds also obstructed access.

In shared bedrooms there was a double wardrobe for the use of two residents, two chairs and lockers for personal use. The provider had committed to ensuring that suitable screening was provided in shared accommodation to ensure that residents' privacy and dignity was adequately maintained, however, this had not been completed within the time-frame given by the provider and remained incomplete on the day of inspection. The provider told the inspector that the screening had been ordered and would be installed the following week.
There was adequate storage for most equipment on the day of inspection but the inspector found that this was because vacant bedrooms were being used for storage due to reduced occupancy in the centre and additional storage had not been created for equipment such as the mobile hoist.

Whilst the provider confirmed that some decorative upgrading had taken place since the previous inspection, some further decorative developments were required. For example, where remedial work had been undertaken in bathrooms, a mismatch of tiles had been used to patch up the floor. The inspector observed some walls required decorative repair and a drain cover was loose and dislodged in another bathroom. As discussed in outcome 8, there was a large slab of exposed concrete on the floor of one of the assisted bathroom that acted as retaining wall.

The provider spoke in detail with the inspector about these areas of concern. He stated he was awaiting permission from the planning department in regards to some amendments he had made to plans that had been approved for the construction of an extension that would address the facilities issues outlined above. At the time of the inspection, the provider said that he was hopeful that works would commence at the start of November and would be completed within a 12 month period.

**Judgment:**
Non Compliant - Major

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Gemma O'Flynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report

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<tr>
<td>Centre ID:</td>
<td>OSV-0000432</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/10/2014</td>
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</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Whilst informal daily meetings took place between management staff and the provider, there was no evidence of these meetings or how they informed safe, quality services in the centre.

A number of audits were outside of their review date.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Structured monthly management meetings will now be held on the first week of every calendar month. These meetings will be attended by the Registered Provider, Person in Charge and Clinical Nurse Manager. Relevant topics from these management meetings will be further discussed with staff at care team meetings. Meetings will have a structured agendas and minutes will be maintained.

A monthly audit schedule has been developed for the home. This audit plan outlines the planned dates and types of audits to be conducted. Furthermore, this audit schedule allocates reminders to alert members of management to review past audits to ensure timely close outs. Audits have already commenced within the home and are currently under review by the Person in Charge. A copy of this schedule has been submitted with this action plan to evidence audits which have been conducted to date.

Proposed Timescale: Commenced October 2014

Provider’s update:

Management team meeting was held on the 11.11.2014 and all members of the management team were present. Next management team meeting is scheduled for the 5.12.2014.

The aforementioned audit schedule is currently guiding auditing practices within the nursing home. As per the schedule, a staff file audit is to be conducted for the month of November. This audit has already commenced, however, due to the amount of time warranted by this audit, its completion date has been extended until the 20th of November.

**Proposed Timescale:** In progress - management team meetings and audits being conducted monthly.

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**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The correct number of references were not on file for all staff nor was a reference from an employee’s previous employer as required by the Regulations.

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The Clinical Nurse Manager is currently in the process of retrieving her final references, close out date for same is estimated to be by the 25.10.2014. The Person in Charge has allocated a staff file audit on the aforementioned audit schedule to ensure all other staff file have the required three written references.

Provider’s update:

Two further written references have been obtained for the CNM and are currently maintained in her file

Staff file audit is in progress by the DON - due to the unexpected time warranted by the audit, the DON will not have this audit completed until the 21st of November. Where outstanding staff references are identified – staff will be afforded two weeks to provide these references to ensure audit close out.

**Proposed Timescale:** 07/12/2014

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**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Consent for the use of restrictive practices for one resident with both bedrails and a wedge cushion, which was used when the resident was in bed, was not documented. It was the centre's practice to record behaviours only and did not record the antecedent and consequence of the behaviour in an effort to determine and alleviate the underlying causes of behaviour.

**Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
St. Kieran’s Care Home have received consent from aforementioned Resident on 08/09/2014 and from the Residents GP on 08/10/2014 for the use of restraint practices. This process shall continue to be reviewed on a three monthly basis.

ABC behaviour log is now in operation for Residents who present with behaviour that challenges. These behaviour logs are now available within each Residents file and will be utilised to inform our practice within the home.
Proposed Timescale: Commenced October 2014

Provider’s update:

Restraint consultation and assessment forms have all been reviewed and are up to date for each Resident in use of restraint practices within the home.

ABC logs are now in operation to be used for Residents who may present with episodes of challenging behaviour

Proposed Timescale: These practices are currently in progress

### Outcome 08: 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 arrangements for managing hazards in the centre were insufficient as a number of hazards were identified on the day of inspection and required further controls to manage any associated risks. For example:
- Monthly health and safety audit checks had been discontinued in February 2014.
- A door saddle situated in the hallway which due to its height posed a potential trip hazard.
- A bed was positioned adjacent to an uncovered radiator.
- There was a large, loose tile in one of the bathrooms and a raised raw concrete incline in the shower area that posed a potential slip, trip or fall hazard.
- A large number of commode/shower chairs were rusty in appearance, as were some raised toilet seat frames.

**Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
- Monthly health and safety audits are now in operation and completed routinely by the Person in Charge
- Door saddle in the hallway is currently being refitted to reduce its height and potential falls hazard
- The bathroom tile has been refitted and is now evenly surfaced
- Provision of radiator covers will be made for all the aforementioned bed adjacent to the radiator
- Bed table and commode supplier is currently outsourcing replacement bed tables and commodes

Provider’s update:
Monthly health and safety audits are in operation. Last audit completed on the 6th November 2014.
Door saddle in the hallway is currently being reviewed by Provider at present with the view to introducing a ramp feature to reduce the falls risk posed by this saddle. Bathroom tile has been refitted.
Provider is currently waiting on the provision of 10 radiator covers and new commodes for the centre.
Bed tables have been treated by supplier for rusting and we are awaiting to see if this treatment will eradicate rusting features or if the provision of new bedtables is required. The supplier is working closely with us at present on this matter.


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 centre's premises did not adequately meet the needs of the residents as there were an insufficient number of toilets, showers and baths for the number of residents that the centre can accommodate.
There was a lack of storage for equipment such as the hoist.
There was a lack of suitable storage space for personal belongings as residents had to share a wardrobe in shared bedrooms.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Resident Access to Shower/Bathroom Facilities
St Kieran’s Care Home acknowledges the aforementioned concerns raised as part of the action report. In anticipation of this action plan, an action report focusing on the above concerns re: shower/bathroom/Resident ratio was developed and issued to HIQA on the 24.09.2014 to demonstrate the homes commitment to ensuring Residents have sufficient access to facilities. Within this, we outlined the various action steps we are currently undertaking to address this concern:

• Presently, Resident showers are managed in accordance with Resident preference. Two shower rooms comfortably facilitate 6 showers to be conducted daily at Resident request.
• Residents are asked daily if they want to have a shower. Personal Care plans are in place for each Resident in the home which indicates the Residents preference.
• A weekly shower log is maintained daily by the carers. This log acts as a reference
guide for Staff on ensuring that each Resident is offered a shower on a daily basis
- Thorough communication and planning of care duties is conducted between carers each morning before commencement of Resident personal care.
- Resident meeting held on the 10.09.2014 – Residents were asked if they felt the shower facilities were adequate to meet their needs. No concerns were voiced – from the 13/13 Residents who attended this meeting.
- A risk assessment has been developed which facilities the review of our management process to date on a monthly basis. This is routinely reviewed by the Person in Charge and CNM on a monthly basis.

St. Kieran’s Care Home does acknowledge that where full bed capacity is reached, this will place further demands on our current showering facilities. Where bed capacity increases, we are fully committed to reviewing our work processes to ensure each Resident receives optimum provision to personal care facilities. This is an issue that we will continue to review in the interim as we acknowledge that Resident preferences for these facilities may vary over time.

Hoist Storage
A hoist storage point has been allocated within the nursing home and is in stored there with immediate effect.

Resident Wardrobes
Since the inspection, only one remaining shared room is in existence. Provisions are currently being put in place for the provision of a partition within shared wardrobes to facilitate each Resident with their own personal wardrobe.

Bed Screening
Provision of bed screening has been made to each shared bedroom since this inspection was conducted.

Provider’s update:
Resident meeting was held on the 23.10.2014 and a topic for discussion was the accessibility of showers within the home. No concerns were voiced by Residents at this meeting, voicing that they had sufficient access as per their preferences.

Shower facilities risk assessment continues to be under review each month by the DON and CNM.

The hoist is now stored in a designated area within the nursing home.

The remaining shared bedroom which is in operation has been fitted with a wardrobe partition which allows for each Resident to access their own personal wardrobe space.

Bed screening rails have been fitted in all shared bedrooms. We are currently waiting on the provision of curtains for these rails which are still in production as per the specifications of each room.

Timescale:
Resident meeting in Dec 2014 will incorporate a further Resident feedback on the accessibility of shower facilities within the home – 15.12.2014.
Next review of shower facilities risk assessment – 05.12.2014


Proposed Timescale: 12/12/2014