<table>
<thead>
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<th>Centre name:</th>
<th>St. Attracta’s Nursing Home</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000386</td>
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<tr>
<td>Centre address:</td>
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</tr>
<tr>
<td>Telephone number:</td>
<td>094 925 4307</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:alison@stattractas.com">alison@stattractas.com</a></td>
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</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kathleen Donohue</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nan Savage</td>
</tr>
<tr>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

<table>
<thead>
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<tr>
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<td>11 September 2014 18:50</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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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 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<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 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

As part of this unannounced monitoring inspection, the inspector met with residents, a relative, staff members, the provider and the person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

There was evidence of good practice in all areas of the service inspected, although, some improvements were required. The inspector found that the provider and person in charge demonstrated good commitment to meeting the requirements of 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. The inspector noted that the majority of the previous action plan had been addressed and the remaining actions that related to aspects of the care planning, the physical environment and staff files were in the process of being completed.

The healthcare needs of residents appeared to be met and residents had good access to medical services and to allied health professionals. The person in charge had put in place safe systems for medication management. The provider had
systems in place to safeguard residents from abuse and there was opportunity for residents to participate in recreational opportunities.

Aspects of the care planning documentation required improvement to better reflect staff practices and residents’ current needs and how these were being addressed. Some improvements were also required in aspects of risk management and complaints management.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were systems in place to monitor and develop the quality of care and experience of the residents. The provider had made resources available to support the delivery of safe, quality care services.

Audits had been completed on areas including staff files, medication management, infection control and health and safety issues. The results of audits were shared with staff at team meetings. There was evidence of improvements being identified following these audits and interventions put in place to address them. There was also evidence of consultation with residents and their representatives. A resident forum met monthly and this gave residents an opportunity to feedback on the service and raise suggestions. This meeting was also open to relatives of residents with dementia to attend and the inspector noted that there was a relative representative at recent meetings.

There was a defined management structure that identified the lines of authority and accountability and this was described in the statement of purpose.

Judgment:
Compliant

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:
There was no change to the role of person in charge since the last inspection.

The person in charge had continued to develop her knowledge and demonstrated an understanding of her legal responsibilities under the Regulations and Standards.

She had engaged in continuous professional development and was well known to residents, relatives and staff. Since the previous inspection the person in charge had completed a facilitator training course on best practice in dementia care and had started to role this training out to staff. She had also completed training on areas including waste management and had attended a conference on safer, better healthcare. The person in charge was also scheduled to attend training on potential behaviours that challenge on 26 September 2014.

Throughout the inspection process she showed commitment to delivering quality care to residents and to improving the service delivered.

Adequate arrangements were in place for the absence of the person in charge. A clinical nurse manager (CNM) deputises for the person in charge. The inspector spoke with one of the CNM's during the inspection and found that she demonstrated clinical competency and knowledge of the legal requirements of the person in charge.

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):
No actions were required from the previous inspection.

Findings:
A random sample of staff files were reviewed by the inspector and found to comply with most requirements of the Regulations. Required information had been obtained for staff including Garda Vetting and evidence of the staff member’s identity. From the sample of
records reviewed the inspector also confirmed that up to date registration numbers were in place for nursing staff. An additional step in the recruitment process had been introduced to confirm gaps in employment history and verify the authenticity of references. However, a satisfactory history of any gaps in employment history had not been obtained for all staff members.

Judgment:
Non Compliant - Minor

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

Findings:
The inspector found that the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse. A required action identified on the previous inspection that related to the identification, investigating and reporting of allegations of abuse had been addressed.

There were policies on and procedures for the prevention, detection and response to abuse. Staff spoken with were familiar with the policies and outlined clearly what they would do if they suspected abuse. Staff and training records reviewed confirmed that an ongoing education programme was implemented in this area.

The provider and person in charge had worked towards achieving a restraint free environment. Prior to implementing a restraint measure, a detailed assessment was completed to determine the suitability of the restraint for the specific resident and there was evidence that alternatives to the use of restraint had been successfully used for a number of residents. The inspector noted that where restraint was used safeguarding controls had been implemented.

Residents' personal finances were not reviewed on this inspection. Residents' finances had been reviewed on the registration inspection in December 2013 and no issues were identified.

Judgment:
Compliant
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:
The provider had implemented systems to promote and protect the safety of residents, staff and visitors to the centre, although improvements were required to ensure all hazards in the centre had been assessed and appropriate control measures put in place.

A risk management framework had remained in place and included risk management policies and procedures and a risk register. The provider continued to employ a full-time human resources and risk manager who had oversight of risk management in the centre. Since the previous inspection this manager had reviewed and updated the electronic risk register although the hard copy in the health and safety folder had not been kept up to date. The inspector noted that there was a range of environmental and clinical risk assessments, however, some hazards identified by the inspector had not been risk assessed. For example, the inspector saw that apron and glove dispensing wall-mounted units were fitted along some corridors. The disposable plastic aprons and gloves were not securely stored in these units and this may pose a potential risk to some mobile residents with dementia. The inspector also that there was a raised section at entrance to the secure garden located beside a day room and the lighting along some sections of bedroom corridors were dimly lit.

There were a range of infection control precautions in place which were guided by policies and procedures and a high standard of cleanliness was noted throughout the centre. However, the inspector found that trolleys used to store clean linen were kept in residents’ communal bathrooms.

The provider had taken sufficient measures to prioritise the safety of residents in the event of fire. The inspector found that there was an effective programme in place for the servicing and checking of fire safety equipment. Staff spoken with were familiar with the centre’s procedures on fire evacuation. Training records viewed and staff spoken with confirmed that staff had received formal fire safety and evacuation training and there was an ongoing training plan in place. The inspector read in the risk register that some doors required additional fire safety controls. The provider and person in charge confirmed that this work had been completed.

There were measures in place to promote safe manual handling practices. From the sample of records reviewed staff had completed mandatory training and manual handling assessments had been carried out for residents and were maintained up to date.
An emergency plan remained in place to guide staff in responding to untoward events. There was an emergency plan in place which identified what to do in the event of a range of emergencies. The plan included contingency arrangements for the full evacuation of residents in the event of an emergency.

A record of visitors’ continued to be kept at the reception area and was used to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The centre was further protected by closed circuit television cameras (CCTV) although some improvement was required and is discussed further under Outcome 16.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: 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(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was evidence of safe medication management practices and processes were in place to guide and support practice. The inspector reviewed a sample of residents’ medical notes and read that residents’ health needs were being monitored and an out-of-hours GP service was available to residents.

The inspector found that appropriate revisions had been made to residents’ prescription and administration sheets since the last inspection and both contained the required information. A sample of records were reviewed and completed in line with the centre policies and professional guidelines.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored daily. The inspector noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

There was a system in place for the recording and management of medication errors. Staff who spoke with the inspector described the process for the recording and management of medication errors. The inspector viewed an error that had occurred and found that prompt and appropriate remedial measures were taken. The inspector also noted that the recorded medication error was discussed with staff and used to inform learning.
**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. 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(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was evidence that residents’ well-being and welfare was maintained by evidence based nursing care. Appropriate medical care was provided and residents had access to allied health care services including physiotherapy and speech and language therapy (SALT). While good practice was noted, aspects of some residents' care planning documentation required improvement to accurately reflect the current needs of these residents and support continuity of care. The inspector found that the required action identified on the previous inspection that related to the review of residents’ care plans, had not been adequately addressed.

The inspector viewed a sample of residents’ files, including the files of residents with cognitive impairment, nutritional needs, compromised skin integrity and at risk of falling. There was evidence that clinical needs were appropriately managed, however, some associated documentation did not reflect residents’ current needs and staff practice.

A range of risk assessments had been completed for each resident and were generally used to inform individualised care plans that were maintained on a computerised system. While some described the care to be delivered others were not kept up to date with changes that had taken place even though staff had indicated that the care plans had been reviewed. The inspector also found that generic interventions were listed in some resident’s care plans while others did not provide clear instruction to guide staff practice. The inspector showed the person in charge examples of residents' care planning that required improvement.

From the sample of files reviewed there was limited evidence that residents where possible or their representatives were involved in the development and review of the resident’s care plan.

**Judgment:**
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. 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:

On the previous registration inspection, there was a key pad lock on the dining/living room called the 'snug' and inspectors found that there was inadequate sitting and dining space for residents with cognitive impairment in this room. The inspectors also identified that directional signage was difficult to follow and required review to ensure it met the needs of all residents living in the centre. The inspector found on this inspection that improvements had been made to the décor and visual aspects of the centre and plans were in place to increase the size of the dining/living room called the 'snug'. The key pad lock had also been removed from the door of the snug room.

In response to the findings from the previous inspection and dementia care training completed by the person in charge, some dementia-specific design features had been adopted to encourage and promote residents’ independence. The provider and person in charge had reviewed part of the centre that mainly accommodated residents with cognitive impairment. Residents were consulted with regarding redecoration that took place in this area. For example, they chose the colour of their bedroom doors and the inspector found that different pictures were displayed on each resident's bedroom door. The person in charge and staff reported that these images had special meaning to the individual resident and assisted them in locating their bedroom. The person in charge had also completed a review on the use of signage in the centre although the outcome of this review had not been documented.

The snug had been upgraded since the last inspection. The inspector found that the room was painted with contrasting colours, nicely furnished and decorated in a homely style with some new furnishings. The inspector was informed that the seating had also been rearranged to facilitate interactions and residents had made buntings which were displayed in this room. A wall mural had been painted outside this room and beside the entrance to the secure garden.

While there was a very pleasant sociable atmosphere during meals and staff were attentive to residents, there was limited dining space for residents to have their meals in the snug. There was one dining table which could accommodate 6 residents and the inspector noted that a number of residents had their meals in the sitting area of this room. The inspector was informed that some residents were facilitated to have their
meals in different locations including the main dining room. The provider and person in charge acknowledged that the main dining room may not be a suitable location for some residents with dementia due to the higher levels of stimulation in this area.

The inspector noted that the person in charge and risk manager had been booked to attend a three day course on dementia specific design in October 2014. The provider and person in charge informed the inspector that they intended to use this training to inform the plans for extending the snug room and modifying the facilities for people with cognitive impairment.

Adequate laundry and sluicing facilities were provided. As noted on the previous inspection, the laundry facilities had been appropriately upgraded last year.

Adequate arrangements were in place for the servicing and repair of assistive equipment including hoists, wheelchairs, beds and air mattresses. The centre was adequately maintained both internally and externally.

Residents had access to a well maintained secure garden and courtyard. A maintenance person was employed and responsible for the upkeep of the premises and garden areas.

Other areas of this Outcome were not reviewed on this inspection.

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

Findings:
Formal arrangements were in place for responding to complaints although some improvement was required to the complaints policy and procedure in order to comply with all the requirements of the Regulations. The provider and person in charge considered complaints as opportunities to review and improve the service and the inspector noted that this had happened in response to a small number of complaints that had been received during 2014.

The displayed complaints procedure included a flowchart outlining the process and described how to make a complaint. However, some steps in the process were not clear and the appeals process was not fully independent. For example, the person in charge was identified as one of the nominated persons who would investigate a complaint but
was also identified as the person who would review appeals to decisions made. Also, a section of the flowchart that related to verbal complaints was incorrectly described.

There was a centre-specific complaints policy in place which gave guidance to staff. Some improvement was required to the policy to ensure full compliance. For example, reference was made that a record of the complaint would be kept in the resident's care plan which is contrary to the Regulations. The inspector noted that in practice complaints were appropriately documented and held separately to the resident's care plan. The inspector read that the provider had appointed a person to ensure complaints were appropriately responded to and records maintained. However, this staff member had also been involved in complaint investigation which is not in accordance with the requirements of the Regulations.

The inspector reviewed complaints received during 2014 that had been maintained in the complaints register. The complaints were dealt with promptly and the satisfaction level of the complainant was now documented for all complaints.

**Judgment:**
Non Compliant - Minor

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**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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspector found that required actions from the previous inspection had been addressed. These related to activity provision for residents with dementia/cognitive impairment and absence of a representative for these residents on the residents' forum.

The inspector found that there was a varied programme of meaningful activities for residents including those with dementia/cognitive impairment that were mainly facilitated by two activity co-ordinators. Activities available to residents included reminiscence therapy, tailored exercise programmes, Sonas therapy (a group session involving stimulation of all five senses particularly useful for people with cognitive impairment) and SIMS sessions for individual residents (the Sonas Individual Multi-sensory Session). During the inspection, various activities including reminiscence therapy, Sonas and live music took place in the snug. Additional activities also took place in other areas of the centre. The inspector noted that activity assessments had been
completed for residents and were currently being reviewed.

Systems to support residents with special communication needs required some improvement. For example, as noted on the previous inspection, the centre had developed some pictorial menus but these had not yet been implemented.

CCTV was in operation and used throughout the centre, however, signage was not displayed in all relevant areas of the centre to remind residents that CCTV was in use. As noted on the last inspection controls were in place for the use of CCTV in areas where this could impact negatively on the privacy and dignity of residents including the dining room and sitting room. However, the inspector saw on this inspection that CCTV from the hairdressing room was displayed on a monitor that was visible from a communal area within the centre. The inspector brought this to the immediate attention of the person in charge who promptly rectified this matter prior to completion of the inspection.

Other aspects of this outcome were not reviewed on this inspection.

**Judgment:**
Non Compliant - Minor

**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
On the day of inspection, appropriate staff numbers and skill mix appeared to be rostered to meet the needs of current residents. A continuous training programme was in place to ensure staff had up-to-date mandatory training and there was evidence that staff had access to education and training to meet the needs of residents. There was a recruitment policy in place and the sample of staff files examined by the inspector were found to comply with the majority of the Regulations. A required action from the last inspection that related to gaps in employment history and references that had not been verified, was in the process of being addressed.
The inspector reviewed the roster, which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents.

The provider made resources available and the person in charge facilitated staff to attend training. Staff spoken with and training records viewed confirmed that since the last inspection staff had attended training in areas including best practice in dementia care, medication management and infection control. The inspector saw that a training plan was in place for 2014 and included clinical issues and ongoing mandatory training such as moving and handling and prevention and detection of abuse. The person in charge outlined plans to provide training to all staff on best practice in dementia care.

Volunteers had attended the centre and there was evidence that appropriate vetting had taken place and their roles and responsibilities were set out in a written agreement as required by the Regulations.

As discussed under Outcome 5, a random sample of staff files were reviewed by the inspector and found to comply with the requirements of the Regulations.

**Judgment:**
Compliant

### 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:**

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

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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 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:
There were some gaps in employment history that had not been explained for each staff member.

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

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

Please state the actions you have taken or are planning to take:
All staff files will comply with Schedule 2 of 2013 Regulations.

Proposed Timescale: 31/01/2015

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:
Some hazards had not been risk assessed including:
- the readily accessible disposal plastic gloves and aprons that were located in open units along bedroom corridors,
- a raised section on an exit door beside the snug room and
- lighting in some sections of the centre.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Risk assessments have been completed for items one and three listed above and included in the risk register. Options are being assessed to remove the raised lip on the exit door threshold.

Proposed Timescale: 31/10/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Trolleys used to store clean linen were kept in residents’ communal bathrooms.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Clean linen will not be stored in communal bathrooms. All staff have been educated through infection control training that clean linen should not be stored in this manner,
staff will be re-educated to ensure clean linen is removed from trolleys and placed in clean linen store room.

Proposed Timescale: 26/09/2014

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:
Some residents' care plans had not been kept up to date with changes that had taken place and did not provide clear instruction to guide staff practice. There was limited evidence that residents where possible or their representatives had been consistently involved in the development and review of the residents' care plans.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
The methodology for ensuring contemporaneous care plans are maintained will be reviewed with all nurses. Amendments will be implemented over the care plan cycle of 4 months.

Proposed Timescale: 31/01/2015

Outcome 12: Safe and Suitable Premises

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited dining and communal space in the snug room for residents.

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:
We have plans drawn up for the development of the 'snug' area of the house which will increase the size and layout of the area. Development is dependent on planning
permission and financial viability. Both the PIC and Risk Manager are booked onto a dementia design course with Stirling University in October 2014. The learning from this will then enable further development of the current plans. Until all factors have been given due consideration the current proactive practice of enabling residents to experience other areas of the centre that suit their needs will continue.

**Proposed Timescale:** 09/10/2014

### Outcome 13: Complaints procedures

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy and procedure did not comply with all the requirements of the Regulations.

Some steps in the process were not clear and the appeals process was not fully independent.

A section of the flowchart that related to verbal complaints was incorrectly described. Reference was incorrectly made that a record of the complaint would be kept in the resident’s care plan which is contrary to the Regulations.

The staff member appointed to ensure complaints were appropriately responded to and records maintained had also been involved in complaint investigation which is not in accordance with the requirements of the Regulations.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The wording of some aspects of the policy and process has been rewritten taking into account the above comments.

**Proposed Timescale:** 26/09/2014
### 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:**
CCTV was in operation and used throughout the centre, however, signage was not displayed in all relevant areas of the centre to remind residents that CCTV was in use.

Systems to support residents with special communication needs required improvement. For example, the centre had developed some pictorial menus but these had not yet been implemented.

**Action Required:**
Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

**Please state the actions you have taken or are planning to take:**
Additional CCTV signage has been ordered and will be installed in addition to the signage already in place.

The pictorial menus will be completed and in use by the 11th October 2014.

**Proposed Timescale:** 11/10/2014