<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Anne’s Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000387</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Sonnagh, Charlestown, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 925 4269</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:kathsinth@eircom.net">kathsinth@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>Kathleen Smyth</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kathleen Smyth</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 January 2015 09:15
To: 29 January 2015 16:35

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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<tbody>
<tr>
<td>Outcome 02: Governance and Management</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 15: Food and Nutrition</td>
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<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

Summary of findings from this inspection
As part of this follow up inspection, inspectors met with residents and staff members. They observed practices and reviewed documentation such as care plans, the management of risk, staff duty rosters and staff files.

The provider and person in charge had completed most actions required within the agreed time frames following previous inspections. However, improvements were still required in relation to staff nurse numbers and the assessment, management and review of risks in the centre.

There had been positive changes made to enhance the governance and management arrangements of the centre. The inspector noted an increased emphasis on education and training. For example, the nurse manager had commenced a course in health care management, and staff had received training in fire safety, medication management and nutritional risk assessment. Further training in infection control was scheduled for the day following this unannounced inspection.

The person in charge was included in the staff nurse whole time equivalent numbers for the centre. Staffing numbers had increased during the day and night time. This ensured the person in charge had more time to perform their regulatory responsibilities. However, the registered provider had failed to ensure the number of
whole time equivalents available to fill nursing shifts was sufficient to meet the staff nursing needs of the centre during periods of sick leave or holiday leave. Staff working in the centre confirmed they worked extra shifts and longer hours to ensure adequate nursing staff numbers during these times.

The findings of the inspection are set out in the body of the report with an action plan and provider response at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
On this follow up inspection, inspectors were satisfied residents were no longer accommodated on the first floor and measures, taken by the provider, ensured the first floor would not be used as accommodation for residents in the future. These are further outlined in Outcome 2.

There was an informative statement of purpose which was generally in line with legal requirements and reflected the service being provided. It outlined the aims and ethos of the service, clearly described the service provided and had been recently reviewed by the person in charge.

However, some further improvement to the statement of purpose was required. The statement did not clearly include all the information required by the Regulations, such as the facilities and services provided by the provider to meet the identified care needs provided to residents in the centre.

The working hours of the person in charge and the nurse manager were not expressed as whole time equivalents. There was conflicting information in parts of the statement in relation to the frequency of the residents’ meetings and the arrangements for respecting the privacy and dignity of residents was not specified.

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

Findings:
On this inspection, medication audits had been carried out weekly since 24 November 2014. They had been completed by the person in charge and nurse manager. Comment sections of the audits indicated where they had documented items that required addressing, for example, medication changes to be updated on a resident's medication administration chart. An inspector reviewed the medication chart to find this had happened.

The provider had also brought about further improvements to the centre following on from the previous inspection. The stair lift to the first floor (which was no longer in use for residents) had been removed. One of the first floor bedrooms had been converted to a meeting/training room for staff. Another bedroom on the first floor was now designated for staff in case of emergency or for families that may wish to stay overnight to be with their relative at end-of-life, for example.

Since the previous inspection, the provider had nominated a nurse to work in a nurse manager role to enhance the overall supervision of nursing, health care and governance within the centre.

A review of the planned and actual duty rosters for the month of December 2014, indicated staffing numbers at night had increased from two staff to three, one nurse and two care assistants. Staffing numbers for nurses had also increased during the day time. Two nurses were now allocated to work in the centre from the 8am to 4pm shift, for example.

The person in charge or nurse manager were counted as one of the daily compliment of nurses. In light of the improvements noted on this inspection the governance and management arrangements were deemed to be appropriate but would need review based on the needs and dependencies of residents in the centre at a given time.

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

Findings:
The inspector followed up on the actions from the previous inspection in relation to staff files. The Inspector found that there was evidence of vetting and for a newly appointed staff member vetting was in process. However, there were gaps in the employment history documented for the newly appointed person and where staff had returned to work in the centre following a break in employment this was not adequately documented.

Current registration details for some nurses was not up to date. As of the time of inspection not all nurses had up to date registration details in their personnel staff files.

Judgment:
Substantially Compliant

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 followed up on the recurring non compliance in relation to restraint which had been identified on previous inspections and found that improvements had been made.

Findings from this inspection indicated a more robust restraint assessment tool was in use. There was evidence that allied health professionals such as GP and physiotherapist had signed the restraint assessments. Residents' representatives had also signed the restraint assessments indicating their involvement in the assessment process.

A restraint release and review chart was in use and up to date. This documented the checks carried out by health care staff of residents while restraint was in use. These were generally documented during the evening and night time duty shifts when residents used bed rails, for example. Residents using bed rails had care plans in place and from the sample of plans reviewed evidence showed they had been reviewed three monthly.

There was an up-to date documented audit of restraint used in the centre, i.e. bedrails, lap straps and chemical restraint. While use of bed rails in the centre now had a more robust assessment, consultation with allied health professionals and ongoing review, similar improvement was required relating to the use of chemical restraint and auditing of same.

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

Findings:
The inspector was satisfied that the provider had addressed the actions from previous inspection, however, additional areas for improvement were identified on this inspection.

Improvements noted on this inspection included:

- Residents were no longer accommodated on 1st floor of the designated centre.
- The dining room was reconfigured to ensure that the fire exit was free from obstruction.
- Locks to the fire door located in the smoking room had been changed to 'thumb locks'
to ensure ease of opening in the event of a fire.
- Risk control measures were put in place for residents who smoked.
- The door to the smoking room had been replaced with a fire complaint door.
- Small buckets with wet sand were in use in the smoking room which provided a safer option for the extinguishing of cigarettes.
- Seating options in the room had been changed and now were more fire compliant.
- A call bell was within easy reach and two fire retardant aprons were available for residents to use.
- The doors to the oratory had been replaced with fire compliant doors.
- Battery operated votive lights were now use in the Oratory in place of unsupervised lit candles.
- A new key was used to activate the fire alarms for the purpose of drills.
- Additional fire alarm sound units were fitted in the centre to ensure they activated the fire compliant door stops.
- Assistive equipment was in place throughout the centre to assist residents in the event of evacuation.
- Staffing on night duty had increased to three staff.
- Evidence of fire drills was available.
- All but one staff spoken to were knowledgeable regarding fire management and evacuation.

The inspector identified the following areas for improvement in relation to fire safety management.

- A newly appointed staff member was not familiar with evacuation procedures.
- Fire safety procedures displayed in the centre were not centre specific.

An inspector reviewed the risk management policy and found it to be generic and not centre specific, for example, in some sections the name of the nursing home had not been inserted into the relevant sections and it did not fully match the risk management practices in the centre.

The policy and practices in the centre required improvement. For example the policy did not provide staff with adequate guidance in relation to infection control practices. Staff responsible for cleaning and implementation of infection control practices did not demonstrate knowledge in best practice infection control management for example, changing cloths for cleaning surfaces. The policy did not provide adequate guidance in relation to hazard identification and control measures. For example, bodily fluid was identified as a hazard, infection was identified as the associated risk, the control measures identified were 'use personal protection equipment and wash hands on entering and leaving infected area'.

There was no risk register in place. The person in charge stated they intended to draft a new risk register in due course.

The inspectors were also concerned that not all risks in the centre had been identified and appropriate controls put in place. For example the stairs to the first floor and the risk of absconding through the fire exit door in the smoking room. Both these risks were identified to the provider and person in charge at the feedback meeting.
While missing person profiles were in place for residents, the information documented was not detailed enough to assist emergency service personnel in the search of a missing resident.

**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:**
Improvement was found in relation to medication management practices in the centre.

Improvements in relation to the storage of medication in the centre had occurred. The door to the staff office, in which medication was stored, had a coded lock fitted to ensure added security. The door had also been adjusted so that it closed independently after use. The lock of the medication fridge had been replaced and was found to be in working order.

Three nursing staff had undergone medication management training, the remainder of nursing staff were due to complete medication management training in the coming months.

From a review of prescription sheets inspectors noted that the practice of transcription was still in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

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

Findings:
Inspectors found improvements had been made since the previous inspection in relation to care plans. However, further improvements were required to ensure they provided adequate information to guide practice.

Inspectors reviewed a sample of residents care plans and found improvements in care planning had occurred. There was evidence that there had been consistent review and updating of care plans in response to residents’ changing needs.

There were also examples of up to date comprehensive intervention care plans and notes by allied health professionals such as physiotherapy, speech and language therapy and dietician. This finding was consistent with the findings made in regard to allied health professional resident reviews on previous inspections.

Residents prescribed wound care plans, by relevant allied health professionals, had received nursing care in line with the prescribed plan. There was documented evidence to indicate attempts had been made to carry out prescribed care. This was an improvement from the previous inspection.

However, some of documented care plan interventions were generic and not person specific. For example, prescribed interventions in a care plan to promote a resident’s mobility, were documented, ‘promote independence and offer encouragement’. These interventions did not describe to staff the ways in which these goals would be implemented with due regard to the resident’s abilities.

In another instance, a care plan for the management of epilepsy did not provide staff with any documented information on the management of a seizure to ensure the safety of the resident and implementation of emergency procedures should they be required.

While the care plan documented the daily medication the resident was prescribed, to prevent a seizure from occurring, it did not document specific information to meet the needs of the resident in an emergency.
Judgment: Substantially 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(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors were satisfied that the provider and person in charge had addressed the actions from the previous inspection.

Inspectors noted that residents weights were monitored monthly, BMIs were calculated and nutritional risk was evaluated through the use of a nutritional risk assessment tool. Residents, identified at risk, had received a referral to a dietician with nutritional care packages prescribed in response to a dietetic review. Residents identified at nutritional risk were prescribed nutritional supplements and an inspector noted they were kept in a plentiful stock in the kitchen of the centre.

However, further improvement was required. Residents were prescribed a nutrition plan in some cases where meals should be offered little and often. While there was documentation recorded if residents received their meals it did not provide detailed information on the quantity of the food and drink the resident actually had.

Without a record of this, residents nutritional intake monitoring was not accurate and did not provide enough information to inform care planning for residents in relation to nutrition and to assess if the nutritional care plan prescribed was effective.

Judgment: Substantially Compliant
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 reviewing the staff roster and interview with the person in charge, inspectors found that the number of whole time equivalents available to fill nursing shifts was sufficient.

There were four full time nurses, and four nurses who worked in a part time capacity for day and night nursing shifts. The person in charge was included in the whole time equivalent numbers of nurses for the centre.

Staffing numbers had increased during the day and night time. However, the registered provider had failed to ensure the number of whole time equivalents available to fill nursing shifts was sufficient to meet the staff nursing needs of the centre during periods of sick leave or holiday leave. Staff working in the centre confirmed they worked extra shifts and longer hours to ensure adequate nursing staff numbers during these times.

Judgment:
Non Compliant - Moderate
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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of inspection</td>
<td>29/01/2015</td>
</tr>
<tr>
<td>Date of response</td>
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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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement did not clearly include all the information required by the Regulations.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A revised statement with detailed information is now in place containing facilities and services provided by the provider and it also expressed the full time hours of the provider, director of nursing and nurse manager. A copy of the statement of purpose was emailed to the Chief Inspector on the 16th of February and 5th of March

Proposed Timescale: 05/03/2015

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:
Staff files were not complete.

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:
Staff Files have been checked and required information been obtained. Updated C.V. for required staff has been obtained. All nurses have their registration details updated and a copy of it on file.

Proposed Timescale: 17/03/2015

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:
Chemical restraint was not used in accordance with National policy on restraint.

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:
A chemical restraint audit tool has been drawn up to assist in reviewing and evaluating residents' need for restraint and changes on the use of chemical restraint. Care plans for chemical restraint are reviewed every 24 hours. Chemical restraint audit is done monthly by D.O.N and assessments are updated every three months or when
resident condition changes.

**Proposed Timescale:** 17/03/2015

### 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:**
The risk management policy did not include hazard identification and assessment of risks throughout the designated 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:**
A revised risk management policy which includes hazard identification and assessment of risk throughout the centre is now in place. Staff have been informed and advised to read and study it.

**Proposed Timescale:** 17/03/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had not ensured that the risk management policy, set out in Schedule 5, included the measures and actions in place to control the risks identified. There was no risk register for the centre.

**Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Resident risk assessments have been completed and a record of the assessment is documented in the risk register for each resident and reviewed every four months or sooner if required.

**Proposed Timescale:** 17/03/2015

**Theme:**
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control the unexplained absence of any resident.

**Action Required:**
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:
A revised risk management policy now includes measures and actions in place to control unexplained absence of residents.
Two extra exit door sounders have been fitted around the centre to alert staff. The nurse on duty supervises staff to ensure they attend to the alert. A detailed missing person profile has been drafted nursing staff are completing the profiles.

**Proposed Timescale:** 17/03/2015

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedures for the prevention and control of healthcare associated infections were not reflected in the risk management policy and implemented into practice.

**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:
A revised risk management and infection control policy is now in place. Infection control training was given to staff on the 26-01-2015 for the first group and second group on the 30-01-2015. Nurse manager and Director of nursing is supervising and guiding staff in relation to infection control practice. A BIO safe biohazard clean up pack for safe removal of body spillages is available in the centre. For cleaning and disinfecting the centre we are using Diversey infection prevention solutions to reduce and prevent the risk.

**Proposed Timescale:** 17/03/2015

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The displayed the procedures to be followed in the event of fire were in a prominent
place in the designated centre. However, the person in charge had failed to ensure they were centre specific.

**Action Required:**
Under Regulation 28(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:**
A fire man from the team that does the fire safety training in the centre have come and assessed the place and has drawn up centre specific new fire display procedure notice to be followed in the event of fire. These display procedure notices have been ordered and a waiting delivery and the team will be coming to post these procedure notices around the centre. Job expected to be completed by the 23rd of March.

**Proposed Timescale:** 23/03/2015

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Care plans for residents did not provide adequate information to ensure a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais was implemented.

**Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
Nurses are in the process of reviewing, rewriting and improving the residents’ care plans with more detailed and more specific care information to guide staff on the delivery of care to be given to the residents. Samples of care plans drafted by the Director of Nursing and Nurse manager as an example to guide nurses in rewriting the care plans are in a folder as a guide. Director of Nursing and Nurse manager are assessing the rewritten care plans.

**Proposed Timescale:** 30/04/2015

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**Outcome 15: Food and Nutrition**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
in the following respect:
Records were not maintained of the quantities of food and drink to meet the dietary needs of residents.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
A newly drafted nutritional record is now in maintained with specific quantities of oral intake of residents.
This record now reflects the accurate nutritional intake and enough information to help assess and plan for residents' dietary needs.
Nurse on duty supervises staff to ensure they are completed immediately.

**Proposed Timescale:** 17/03/2015

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### Outcome 18: Suitable Staffing

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had failed to ensure the number of whole time equivalents available to fill nursing shifts was sufficient.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Provisional job offer has been given to one staff nurse who will be taking up a full time position as soon as their vetting comes out. It is expected in 6-8 weeks. The nursing post is still being advertised to fill other positions.

**Proposed Timescale:** 12/05/2015