

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Connolly Hospital (Silver Birch & Woodland Units)
<b>Centre ID:</b>	OSV-0000528
<b>Centre address:</b>	Blanchardstown, Dublin 15.
<b>Telephone number:</b>	01 646 5560/646 5510
<b>Email address:</b>	
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Mairead Lyons
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Shane Walsh
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	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, 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
04 February 2015 10:00	04 February 2015 17:30
05 February 2015 09:00	05 February 2015 18:00

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

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

**Summary of findings from this inspection**

This inspection was announced following an application by the provider to renew the registration of the centre. As part of the inspection, inspectors met with residents, their relatives and staff. They observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Prior to the inspection, inspectors reviewed written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire and planning authorities. All documents submitted by the nominated person on behalf of the provider, for the purposes of application to register were found to be satisfactory.

The centre is registered to accommodate 48 residents' and there were 38 residents on the day of inspection with four closed beds, leaving six vacant beds.

The provider nominee and person in charge were found to be operating the centre in compliance with the conditions of registration, in compliance with 6 Outcomes, in substantial compliance with 2 Outcomes, in moderate non compliance with 3 Outcomes and in major non compliance with 7 Outcomes inspected against. The nominated person on behalf of the provider had fully addressed the 6 outstanding non compliant Outcomes and partially addressed 2 non compliant Outcomes from two previous inspections.

The newly appointed provider nominee and person in charge were available for the inspection and while there was an organisational structure in place, the management team had not put a system in place to annually review the quality of care being provided or to review the quality of life for residents living in the centre, therefore their was no annual review of services available for review.

The statement of purpose reflected the services provided and was compliant. The health care needs of residents were being met. However, residents' did not have routine checkups of their eye sight or teeth due to urgent services only being provided. Improvements' required regarding end of life had been implemented as had services in relation to food and nutrition. However, the manner in which assistance was provided was not in line with best practice.

There had been minor improvements only made to the premises, such as handrails installed in bathrooms. The premises was in a poor state of repair externally and internally although clean, well lit and well heated it did not meets the needs of residents' as detailed in the body of the report. Risks identified included the extremely high temperature of hot water and exposed radiators and the lack of safe access via one fire exit. Inspectors were informed that although funding was available no definite plans had been made regarding the re-development of the centre.

Medication management practices were not safe and the use of restraint within the centre was under reported due to a lack of staff knowledge around the National Restraint Policy. Staffing levels were adequate however, agency staff were employed on a regular basis to cover routine leave and all volunteers did not have Garda vetting in place or their roles and responsibilities clearly outlined. There was evidence of institutional practices and evidence that residents' voices were not always being heard. The activities provided required review as did some policies and maintenance of records.

The action plans at the end of this report reflect the non-compliances.

**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:**

The statement of purpose was reviewed in February 2015. It included a statement of the aims, objectives and ethos of the designated centre and reflected the facilities and services provided for residents. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Staff spoken with were familiar with its content and there was a copy accessible to residents.

**Judgment:**

Compliant

***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:**

Inspectors found there was a clearly defined management structure which identified

who was in charge and what the reporting structure was. Staff and residents' spoken with were aware of the management structure. Both units were adequately resourced to meet the needs of residents, although as discussed further under Outcome 18 adequate staffing levels were maintained by use of staff resourced from agencies.

The management systems in place were not effective which lead to poor outcomes for residents. For example, the premises did not meet the needs of the maximum dependent residents' living in the centre. This was brought to the attention of the provider, the Health Service Executive back in 2011 however, to date there were no definite plans in place in relation to the re- development of the centre. This meant that residents' continued to live in premises that were not suitable to fully meet their maximum dependent needs.

There were some reviews of care being conducted by the clinical nurse managers in each unit. However, there were no structured systems in place to ensure that the services provided were safe or appropriate to meet residents' needs. Inspectors saw that the auditing of care practices completed on both units were at a basic level and did not contribute to learning. For example, a review of residents with pressure ulcers, weight loss and those with indwelling catheters identified the residents' name, date and the number of residents' requiring relevant care; they did not identify any learning from the audits or make recommendations for improvements in care practices which would potentially lead to improved outcomes for residents'.

Inspectors noted several areas of care that were not being monitored. For example, there was no evidence that medication management systems were being audited. As identified under Outcome 9, these practices were not safe. Also, the hygiene needs of maximum dependent residents' were not being met to a high standard due to a lack of appropriate equipment. This aspect of care was not monitored and therefore the outcome for maximum dependent residents' remained poor.

There was no evidence of an annual review of the quality and safety of care delivered to residents having been conducted to date.

**Judgment:**

Non Compliant - Major

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Residents' had a copy of the residents guide and a signed contract of care. However, the contracts of care did not clearly set out the fees being charged.

Each resident had a written contract of care agreed on admission. The contracts included details on care and welfare and on services provided. However, the contracts only included the fee being paid directly by the resident they did not include the total fee being charged for services.

The residents guide listed the services and facilities provided, the terms and conditions of residency in the centre, the complaints procedure and the arrangements for visitors to the centre. A copy was made available to residents living in the centre.

**Judgment:**

Non Compliant - Moderate

***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:**

The centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. She demonstrated a good level of clinical knowledge and knowledge of the regulations and her legislative responsibilities. She worked full-time and was supported in her role by the provider nominee and two clinical nurse managers, one working in each of the two units.

The clinical nurse managers worked full-time and demonstrated good clinical knowledge of all residents. One was named on the application for renewal to take over the running of the centre in the absence 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:**

Documentation in the centre was seen to be relatively well kept however, a number of gaps and discrepancies were observed.

The directory of residents within the centre contained all of the required details of each resident as set out under Regulation 19, and residents' files were kept up to date. They were kept secure and were accessible to residents if they wished to access them.

However, not all records outlined in schedule 3 were being maintained for each resident. Staff in one of the units informed inspectors that they were not retaining residents' financial records for the required period of seven years.

All policies outlined in schedule 5 were in place however, a number of these were past their review date these included:

- the use of restraint.
- residents' personal property, personal finances and possessions.
- recruitment, selection and vetting of staff.

The catering staff roster did not include the times worked each day by catering staff. This issue was brought up on the last inspection and was found to be non compliant again on this inspection.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

**Judgment:**

Non Compliant - Major

***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:**

There had been no period to date where the person in charge was absent for 28 days or more. Inspectors were satisfied that suitable arrangements were in place to cover any period of her absence. A clinical nurse manager was named to take over in her absence and she confirmed this to be the case.

The management team were aware of the legal requirement to notify the Authority of any period of leave of 28 days or more, one month prior to expected absence of the person in charge and in the case of an emergency absence within 3 days of its occurrence and within 3 days of person in charges return.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The centre was safe for residents. The front doors leading into each unit could only be accessed from the outside by hospital staff. Visitors accessed each unit by ringing a bell and being admitted by staff.

There was a policy in place which covered the protection, detection and prevention of elder abuse. Records reviewed showed staff had completed training in the protection, detection and prevention of elder abuse in 2010. Updates had been provided to some staff in 2011 and in 2014. A number of staff on one unit had not received refresher training since 2010. However, staff spoken with demonstrated a clear understanding of their role in protecting the residents living in the centre.

The clinical nurse manager on each unit managed a number of residents' petty cash. They provided safe and secure storage for monies managed. However, the records kept were not at all times accurate, receipts for monies spent were not available and the running total on individualised balance sheets did not always reflect the amount held on behalf of the resident. Inspectors noted there were no regular audits on the systems in place to manage residents' finances.

The Authority had been notified of a minimum use of restraint in the centre and the low use of seat belts reported was reflected on inspection. However, there was a higher

than reported number of bed rails in use as a form of restraint. Inspectors reviewed residents' restraint assessments and found that they did not provide detailed reasons for the use of the restraint and some assessment forms stated they were using bed rails as enablers when they were clearly being used as a form of restraint.

Inspectors were informed that a number of these residents' did not move when in bed and others could not lift their limbs and therefore could not reach the bed rail in order to use it as an enabler. On the assessment form staff ticked to indicate that alternatives had been tried prior to restraint been used. However, there was no record of what alternatives had been tried. Inspectors did not observe the use of crash mattresses, bed/chair alarms or low-low beds in use in either of the two units. Staff spoken with were not clear on the difference between using bed rails as a restraint or an enabler.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The risk management policy met the legislative requirements. It outlined how to undertake a risk assessment and identified that a risk management committee was in place and it included its memberships' roles and responsibilities. The health and safety policy and safety statement in place was signed by the provider nominee and person in charge. It had been updated in January 2015.

A full review of all risks was completed on an annual basis on each unit and included in a risk register which was updated on a monthly basis by the clinical nurse manager in each unit. The risk registers identified the risks within the centre and were sent to the hospitals risk management team to address. However, inspectors were informed that risks associated with the hot to touch radiators throughout the centre had been reported by clinical nurse managers on the risk register in 2013 and again in 2014 but had not been addressed to date. Inspectors recorded the temperature of a number of radiators accessible to residents as over sixty degrees centigrade, this posed a risk of burn to residents.

An emergency plan was displayed on the main corridor. It outlined clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. Inspectors spoke to staff and found they were familiar with the contents of the emergency plan and reporting structures in case of an emergency.

There was a visitors' log in place to monitor the movement of persons in and out of each building. There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing. Residents confirmed to inspectors in conversations that they felt safe in their day-to-day life at the centre and enjoyed using the veranda when the weather was good.

A centre-specific infection prevention and control policies and procedures were found to be in place. Hand-washing and drying facilities and hand disinfectant gels were available throughout the centre and staff had received refresher training.

Records reviewed showed that the fire alarm, emergency lighting and fire fighting equipment were routinely checked on a quarterly basis by external fire professionals. In addition, staff checked fire doors on a daily basis and external fire professionals checked the fire alarm, door and emergency lighting on a weekly basis. Inspectors saw means of escape were clear and unobstructed during the duration of the inspection.

Fire safety training was provided on an ongoing basis to staff, records reviewed showed all staff had attended a training session within the past year. Staff told the inspector that they had not actually practiced a fire drill, the clinical nurse managers on each unit explained how they talked staff through the theory of what to do if the fire alarm sounded but did not practice an actual drill or evacuation to one part of the building, therefore, they had no idea how long a horizontal evacuation would take or how many staff were required to transfer all residents into a safe zone. Inspectors also noted that a ramp leading from one of the two fire exit doors in Silver Birch was covered in moss and lead directly onto grass which was wet and soggy at the time of inspection. Hence, unsustainable to evacuate residents onto.

Risks identified on inspection included the temperature of hot water taps in wash hand basins accessible to residents being between 55-61 degrees centigrade, extremely hot to touch radiators and an exposed sharp edge where a radiator had been removed in the sitting room in Silver Birch which posed a risk of injury to residents.

**Judgment:**

Non Compliant - Major

***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):**

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

**Findings:**

Medication management required review. The medication management policy relating to the ordering, prescribing, storing and administration of medicines to residents had been approved in February 2015. The inspector reviewed the policy and had concerns that it lacked clear guidance to staff in relation to some areas of medication management such as administration, prescribing and crushing of medications.

Storage of medications was safe and secure. There were systems in place to safely dispose of medications and such disposals were being recorded by staff. A new process had begun in 2015 whereby the residents consultant, the centres pharmacist and the clinical nurse manager on each unit reviewed each residents prescribed medications as a team. Records of these reviews were not available at the time of inspection, however, inspectors were informed that they were to be repeated six monthly.

The inspector observed medication administration practices and observed staff checking the residents' prescription chart, dispensing the relevant medication due at that time into a plastic pot and signing the administration chart although they had not administered the medication to the resident.

The medication management policy mentioned above did not clearly state when staff nurses should sign the administration chart. This process was confusing and left room for potential errors. For example, a nurse was observed signing the residents' administration chart to indicate she had administered medications to the resident, however, when she went to the resident with the medications the resident was too drowsy to take the medications. The nurse then entered the code 4(e) beside her signature (the code 4(e) at the front of the chart indicated reason for refusal "other"). This process was confusing and left room for potential errors as the nurse had both signed indicating she had administered the medication and entered the code 4(e) indicating the resident had refused the medication. In addition, there was no space on the medication administration chart for the nurse to write what the 4 (e) "other" related to. The nurse stated that they wrote this in the daily nursing narrative. This practice meant the next nurse administering medication to this resident could not determine (without leaving the medication trolley) why the resident had previously refused medications when code 4(e) was used.

A number of residents' in both units were receiving crushed medications. The inspector observed that the individual medications' prescribed for these residents' did not have a corresponding order to crush. The order to crush medications was an overall order signed by the Doctor on the front of the residents' chart. This process left room for error, as all prescribed medications were not suitable for crushing. The medication management policy stated that medications to be crushed must be prescribed as such on the resident's medication record.

The method used by staff to crush medications was not hygienic and did not ensure the resident received the full dose of the crushed medication. For example, some nurses were using a pistol and mortar to crush tablets, others were using a more hygienic method of placing the residents' medications into a individual bag and then placing the bag in a hand crusher. Staff explained that there was only one of the latter on each unit although there were four medication trolleys in use at the same time. The medication management policy did not clearly state what method to use to crush medications.

The medication prescription did not always include the dose of the medication prescribed and the nurse did not question this prior to administration. The inspector saw one resident was prescribed for 20mls of medication and the nurse administered 20mls of said medication. However, the prescription did not identify the dose to be prescribed and the nurse did not check the number of milligrams of the drug per millilitre prescribed.

Inspectors were informed that staff in the professional development unit had completed an audit of medication management practices. However, the clinical nurse manager had not received a copy of the audit results. There was no audit tool available and no audit had been completed on medication administration practices and therefore the poor practices identified above were not being identified by the management team.

Medication errors were being recorded on near miss forms and sent to the risk management department in the acute hospital. There was no audit being carried out in the centre on medication errors or near misses therefore there was no learning or evidence of follow-up from these reported medication errors.

**Judgment:**

Non Compliant - Major

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Clear and concise records of all incidents occurring in the centre were maintained and made available for review.

The inspector found that all notifiable incidents had been notified to the Chief Inspector within three days. Quarterly reports had been provided to the authority to notify the Chief Inspector of any death including the cause of death when known and any occasion when restraint was used.

However, the number of residents' with restraint in use was under reported on the latest quarterly return submitted from the centre. It did not reflect the actual number of residents' with bed rails in use as a form of restraint.

**Judgment:**

Non Compliant - Major

**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:**

Residents received acute nursing care in the centre thus preventing the need for transfer to the acute hospital. Residents had access to the hospital geriatricians and their team. They were reviewed on an as required basis with a full medical review conducted every six months.

The provision of activities had improved. Residents' had a choice of daily activities and a timetable of activities from Monday to Friday was displayed throughout the centre. There was one activities staff member employed to work between both units. Residents expressed real satisfaction with the bingo and sing song lead by volunteers one day each week. A number also stated they enjoyed the pet dog that came into the centre every week.

Inspectors observed minimum interaction with residents during two different group activities being provided by the on site activities personnel. One of these group activities was being provided within residents private space and two residents' were left in the corridor where they clearly could not hear what was being said. Relatives of residents' stated that there was a minimum amount of 1:1 activities provided and this was of concern as a number of residents were bed bound or for one reason or another unable to attend group activities. Also, relatives raised concerns about a lack of activities on weekends and when the activities staff member was on leave. It was confirmed to inspectors that there were no activities scheduled at weekends and the activities person's periods of leave was not covered.

Access to all allied health care professionals had improved since the last inspection. Inspectors met new members of the multi-disciplinary team, including the occupational therapist, the physiotherapist, nutritionist and speech and language therapist. Residents records reviewed showed that resident now received input from all these allied health care team members as required. There was no evidence of delay in referral or assessment.

On review of resident records inspectors noted that residents were not routinely reviewed by a dentist or ophthalmologist. This service was only provided outside of the

centre on an as required basis. This level of service was not adequate to meet the needs of maximum dependent residents' living in the centre. Relatives also raised concerns about lack of provision of these services.

Nursing records had improved somewhat from the previous inspection. However, they needed further improvement as mentioned under Outcome 7 the records around use of restraint were not comprehensive enough. Inspectors saw that residents' had a detailed assessment completed on admission and a corresponding care plan for each need identified.

**Judgment:**

Non Compliant - Major

***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):**

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

**Findings:**

The accommodation provided to residents' was not adequate. Inspectors observed that minor improvements only had been made to the environment to attempt to bring it into 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 as required by July 2015. There was no detailed plan available to confirm the future plan of the centre. Inspectors were informed that there were discussions in progress about re-developing the centre and the building of an additional 50 bedded unit. However, there were no plans drawn up to date.

The floor covering had been made safe since the last inspection.

Residents lived in multiple occupancy bedrooms', four to five residents' shared a bedroom with one wash-hand basin. Each resident was provided with a minimum amount of personal space and a minimum amount of storage space for their personal possessions.

In Woodlands (one of the units) the 24 residents had access to one communal room which was used as both a sitting and a dining room. This room contained a rectangular dining table which accommodated a maximum of eight residents and one round table

both with metal bases making them difficult to move. The room was not large enough to accommodate the 24 residents in their tailored chairs. The one domestic type corner sofa in the room was appropriate for a maximum of six residents to sit on. Inspectors saw it being used by visitors only throughout the course of the inspection.

The outdoor space was unkempt around the Woodlands Unit. The grass and flowerbeds were not maintained. The paved pathways were covered in weeds and moss. Inspectors observed that they would pose a potential risk to residents in wet weather. The handrails on either side of the two sloped pathways leading from the veranda to the garden were rusting. The outdoor space outside Silver Birch, was not safe or secure for residents to use. For example, to the left and right of the garden fence there was a large gap in the fence that any person could easily enter or exit.

The inspector observed that additional equipment had been purchased to meet the needs of residents'. All of the residents' had been assessed for appropriate seating and most had now got their own seat which met their individual needs. However, the centre did not have a bath suitable to meet the needs of maximum dependent residents'; each unit had an assisted shower and although, shower trolleys had been purchased staff told inspectors that they were not used as residents' found them too uncomfortable and were unable to sit on the standard shower chairs. Staff told inspectors that these residents received a full bed bath and had their hair washed in bed instead of a bath or shower. The reason why these residents' did not receive a bath or a shower was due to a lack of appropriate equipment being available to meet the needs of the maximum dependent residents' living in the centre.

The smaller of the two shower rooms in Silver Birch was in a poor state of repair with some wall tiles missing and others cracked around the shower area.

Handrails had been installed in a number of bathrooms since the last inspection. However, there were only two assisted toilets accessible to maximum dependent residents' in each unit. Hence, not an adequate number to meet the needs of residents.

**Judgment:**

Non Compliant - Major

***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):**

No actions were required from the previous inspection.

**Findings:**

Complaints were well managed. There was a complaints policy in place which met the

legislative requirements and was clearly outlined in the statement of purpose and the residents guide. The process was clear, accessible to all residents and displayed in prominent places throughout the centre.

The clinical nurse manager in each unit was the nominated person to deal with complaints. The inspector reviewed records of complaints received since the last inspection (of which there were few). All complaints had been fully investigated with clear concise records kept including the residents level of satisfaction with the outcome of the complaint. Residents and relatives who provided written feedback stated that they had never had a reason to complain.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

The policies and practice in place ensured that each resident received care at the end of their life which met their physical, emotional, social, psychological and spiritual needs and respected their privacy, dignity and autonomy.

The management team had recently completed a full review of end of life care provided to residents and as a result introduced some positive changes. For example, the availability of overnight accommodation to the dying residents family and the development of a centre specific sympathy card. The centre had access to a palliative care team and there was no delay in seeking their expert advice.

The inspector reviewed the file of one resident who died in the centre. The resident's end of life preferences were recorded and there was an end of life care plan in place. The nursing narrative clearly stated the date and time of death and identified the personnel who transferred the residents' remains from the centre to the nearby mortuary.

Residents could choose their preferred place of death. All religious and cultural practices were facilitated by staff with the support of the hospital chaplain. Respect was shown for the remains of a deceased resident and arrangements for the removal of remains occurred in consultation with deceased resident's family.

**Judgment:**

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:**

As mentioned in Outcome 12 the dining area in Woodlands was not suitable to meet the needs of the residents, however each resident was seen to be provided with food and drink that were suitable to their needs.

Weekly menus were seen to be varied, wholesome and nutritious. Daily menus were on display in the dining room and around the centre. Food for residents was prepared in the main hospital and transported over to the units and served from catering trolleys. The inspectors observed mealtime in both units and found the portion sizes to be adequate. Residents were seen to have been given choice in their meals, one resident changed his mind after being served a meal and this was facilitated.

Residents that choose not to have their meal in the dining room were also facilitated and their meal was served to them in their bed. The mealtime was seen to be a light hearted and social occasion, residents chatted amongst themselves. Some residents were being assisted by volunteers who came to the centre each day however, the inspectors observed that some residents who needed assistance were not being assisted in an appropriate manner. For example, bed rails were being left in the upright position between the staff member and resident and staff were not facing residents while assisting them with their meal. The last inspection noted that residents who received tea in beakers did not have lids; this was observed to have been addressed on this inspection.

All residents in the centre had access to a dietician. A number of residents were having their weight and food intake monitored. The inspectors reviewed the nutritional screening tool in these residents care plans and seen that the correct guidelines were being followed. A number of residents were on textured diets and staff were knowledgeable about what particular dietary needs these residents required.

All residents had access to fresh water. Each resident received a fresh jug of water after breakfast each morning.

**Judgment:**

Substantially Compliant

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

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that dignity and privacy of the residents was respected by the staff however, there was little proof that residents were being consulted in the running of the centre.

Staff were seen to be polite and courteous when interacting with the residents and the relationship between the staff and residents was seen to be warm and caring. Curtains were located around each bed to provide residents privacy if they wished or if the resident was receiving personal care. Residents had access to a telephone and could receive visitors in private if they wished to do so. The inspectors reviewed the visitors policy and seen that it was an open door policy between 12:00 and 20:30. This was observed as many relatives and friends visited the centre throughout the duration of the inspection.

The inspectors found that residents were not satisfactorily consulted with the running of the centre. Residents were seen to have little choice in their daily lives. The daily running of the centre was observed to be led by the routine and resources of the centre and not by the residents' wishes. For example the inspectors observed that 16 out of 20 residents in the Woodlands unit were in bed by 18:00 on the first day of inspection, which did not reflect the resident preferences in their care plans. Staff confirmed that this was also the normal practice in the Silver Birch unit.

Inspectors reviewed the activities plan in the centre and were informed by staff that there was no consultation with residents on their likes or dislikes when planning the weekly activities, nor was there feedback sought following activity sessions. Residents' meetings were being held regularly in both units. However there was no proof that the issues raised in these meetings were being addressed by management. For example one resident expressed his wish to attend a dentist for a check up during a resident meeting in September 2014. This had still not been addressed by the time of inspection almost five months later.

All residents had access to advocacy services and the contact details were seen on posters around both units of the centre. Many residents were also facilitated to vote in local and general elections; this was done in the centre.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were able to maintain control over their own personal property however, appropriate storage facilities for their belongings was not in place.

There were adequate laundry facilities, provided by the main hospital. Laundry was collected and returned twice weekly. All clothing was seen to be labelled for each individual resident. An inventory was also kept of each individual resident's personal belongings.

Each resident had their own personal wardrobe located at the door to the bays, and a bedside locker. However, the wardrobe space was not of an adequate size to store all of the residents' belongings. In some cases inspectors observed that due to the lack of space clothing was stuffed into the wardrobe and not neatly stacked or hung up. Staff informed the inspectors that if residents required more storage space it was not provided by the centre and family members were required to purchase it for them.

**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:**

Staffing levels and skill mix were adequate to meet the needs of residents. Residents' and relatives spoke positively about the staff and confirmed that there were always adequate numbers on duty.

The actual staff roster reviewed showed that there was a staff nurse on duty at all times. However, as mentioned under Outcome 5 the hours worked by staff each day was not clearly outlined on the catering staff roster. There were not enough permanent staff working in the centre to cover all shifts inclusive of when staff were on leave and this led to a number of shifts each week being covered (on both units) by agency staff. Staff told inspectors that qualified staff on leave were replaced by agency care assistants. This led to a lack of continuity of care for residents.

Documentation supplied to the inspectors showed that household staff files now contained all the documents outlined in Schedule 2 of the Regulations. A review of staff training records showed that staff had completed mandatory training in relation to fire, manual handling and elder abuse. However, as mentioned under Outcome 7 some staff had not had refresher elder abuse training since 2010, this had been identified as an issue on the last inspection report.

Permanent staff were not adequately supervised as they and management confirmed that they did not have supervisory personal development meetings with their manager on a regular consistent basis.

There were a number of volunteers coming into the centre to assist residents'. They provided assistance to residents at meal times and also assisted with the provision of activities. However, 2 out of 5 volunteer files reviewed did not have evidence of Garda vetting and 3 out of 5 did not include an outline of their roles and responsibilities.

**Judgment:**

Non Compliant - Major

## 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:***

Sheila McKeivitt  
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<sup>1</sup>

<b>Centre name:</b>	Connolly Hospital (Silver Birch & Woodland Units)
<b>Centre ID:</b>	OSV-0000528
<b>Date of inspection:</b>	04/02/2015
<b>Date of response:</b>	08/04/2015

### 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:

There were no management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

#### 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

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

monitored.

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

1. The Person in Charge has reviewed the staffing in the Residential Services. There is a requirement for two Clinical Nurse Managers (CNM 1 & 2) whole time equivalent (w.t.e), 2 Registered General Nurses (w.t.e) and 3.5 Health Care Assistants (w.t.e.). Business cases based on staffing recommendations will be developed by the Person in Charge and discussed with the Director of Nursing and Human Resource Manager regarding submission in April to the Royal College of Surgeons (RCSI) Group Employment Control Committee. The business cases will be done as part of the overtime/agency conversion posts process. Once posts are approved, the recruitment of approved posts will commence for permanent staff in order to reduce the reliance on agency staff and overtime shifts. Recruitment will commence in June 2015 when post are approved.

2. Connolly Hospital Residential Services have been approved for development of a new build by the Department of Health (DOH) and Health Services Executive (HSE). The Registered Provider has contacted HSE Estates to request clarity on buildings work. HSE Estates are developing a document to outline the development plan and we will forward on completion to the Chief Inspector. Please note attached documents from HSE Estates regarding commitment to new residential build and timeframes for commencement and completion of works.

3. The Person in Charge, the Director of Nursing and the Nurse Practice & Quality Department (NPQD) will meet at end of March 2015 to discuss the introduction and implementation of Nursing Metrics to audit care practices in the Residential Service. Nursing Metrics will include audits in relation to medication management and pressure ulcer prevention and management. The CNMs will be trained to carry out Nursing Metrics Audits in April 2015. Once the CNMs are trained, Nursing Metrics will commence in May 2015. Audits will be done monthly in each residential unit and audits will be peer reviewed. The audit reports will be discussed at the 6 weekly meetings with the Registered Provider. The CNMs will attend the two monthly Nursing Metric meetings managed by NPQD to ensure auditors' skills remain current.

4. The CNMs and Occupational Therapist are currently trialling tilt shower chairs to better meet the hygiene needs of the residents. Once the appropriate equipment is identified, the CNMs and Occupational Therapist will complete a business case to be sent to the Registered Provider. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

**Proposed Timescale:**

1. 30 June 2015
2. 31 March 2015
3. 30 May 2015
4. 30 April 2015

**Theme:**

Governance, Leadership and Management

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

There was no evidence of an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Registered Provider will organise for an Annual review of the quality and safety of care to residents be carried out by the Registered Provider and key stake holders.

**Proposed Timescale:** 31/05/2015

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

The contract of care did not include the overall fees being charged for residents being supported under the Nursing Homes Support Scheme.

**Action Required:**

Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

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

The Person in Charge will update all contracts of care to include the total fee of each residential bed. A copy of decision by the Nursing Home Support Scheme office in relations to fees charged and residents' contribution will be placed on the residents' contracts of care.

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

**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:**

Three policies held in the centre were past their review date.

**Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Three policies held in the centre are to be revised by Nursing Practice Quality Dept

1. Use of restraint to be revised by Nursing Practice Quality Dept
2. Resident's personal property to be revised by Nursing Practice Quality Dept
3. Recruitment, selection and vetting to be revised by Human Resources

**Proposed Timescale:**

1. 31 March 2015
2. 30 May 2015
3. 30 May 2015

**Theme:**

Governance, Leadership and Management

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

Records of residents financial records were not been held for seven years.

**Action Required:**

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The CNMs/ Nurse in Charge will retain all financial records in relation to residents' petty cash that they have responsibility for and place these records on the residents' files for retention for the required 7 years after the resident has ceased to reside in the centre

**Proposed Timescale:** 31/03/2015**Theme:**

Governance, Leadership and Management

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

Records of the catering staffs roster did not reflect the hours worked by catering staff.

**Action Required:**

Under Regulation 21(4) you are required to: Retain the records set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4 for a period of not less than 4 years from the

date of their making.

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

The Person in Charge will meet with the Catering Manager in March and request her to devise a ward catering staff roster for each residential unit outlining the catering staff names and start and finish times daily.

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

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The minimum restrictive practices were not in use as there was no alternative equipment available for staff to use.

**Action Required:**

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The Person in Charge will prepare a business case for the purchase of crash mattresses and bed and chair alarms and submit this request in order to provide a range of alternate equipment to assist staff when carrying out assessments in relation use of bed rails and lap belts when used as restraint.

**Proposed Timescale:** 31/05/2015

**Theme:**

Safe care and support

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

The records available with regard to the use of bed rails did not indicate that there use was in line with National policy.

**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:**

The CNMs are currently reviewing all residents' care plans that have bed rails in use. These care plans will be amended accordingly to accurately reflect the reason when bed rails are in use. The CNMs will re-educate staff carrying out these assessments to

ensure the assessment is in line with the Department of Health National Restraint Policy.

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

**Theme:**

Safe care and support

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

Reasonable measures were not in place to protect residents from potential financial abuse as accurate records and/or receipts for all transactions were not kept.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

CNMs/ Nurse in Charge will keep records of all monies received and paid out on behalf of residents.

The CNMs/ Nurse in Charge will retain all financial records in relation to residents' petty cash that they have responsibility for and place these records on the residents' files for retention for the required 7 years after the resident has ceased to reside in the centre.

**Proposed Timescale:** 31/03/2015

**Theme:**

Safe care and support

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

A number of staff did not have up-to-date refresher training in place in relation to the detection and prevention of and responses to abuse.

**Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff working in the residential units will attend refresher training in relation to the detection and prevention of and responses to elder abuse in 2015. The Person in Charge will request dates for this training through the Human Resource Department with the aim that all staff will attend the training by June 2015. The CNMs will maintain staff training records on each residential unit and make them available to the Chief Inspector during site visits.

**Proposed Timescale:** 30/06/2015

**Theme:**

Safe care and support

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

There were no regular audits on the management of residents monies in either of the two units, hence residents were not being protected from potential financial abuse.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The Person in Charge will audit on a monthly basis all residents' petty cash retained by the residential units. These audits will be made available to the Chief Inspector during site visits.

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

**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 provider had not ensured that measures were put in place to address the risk associated with extremely hot to touch radiators.

**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:**

The Registered Provider will request the Estates Manager to prepare business case for the required costing for the provision of radiator covers and covering of all radiators that pose a risk to residents. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

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

**Theme:**

Safe care and support

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

There was a risk of scalding of residents and staff from the high temperature of hot water flowing from a number of hot water taps in both units.

**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:**

The Registered Provider will request the Estates Manager to prepare business case for the required costing for the provision and installation of anti scald devices to all taps that pose a risk to residents and staff. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

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

**Theme:**

Safe care and support

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

The means of escape on Silver Birch was not adequate as the fire ramp leading from the exit was covered in moss and lead onto a grass surface.

**Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

The Registered Provider will request the Environmental Manager to arrange for the cleaning of this evacuation ramp. The Register Provider will request the Estates Manager to cost the installation of a suitable pathway for the purpose of evacuation from the premises. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

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

**Theme:**

Safe care and support

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

Staff had not practiced an actual fire drill in the past year.

**Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The Person in Charge has discussed fire drills and evacuation with the non clinical risk manager. The Fire Officer visits each Residential Unit annually to carry out fire prevention education and evacuation technique. The Fire Officer will be requested to carry out an actual horizontal evacuation to one part of the building during his visits. The existing fire safety measures carried out by the CNMs on a daily, weekly and monthly basis will continue to ensure all staff remain familiar with the fire safety measures.

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

### **Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Residents' prescription charts did not clearly indicate what specific medications could be crushed.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The CNMs will discuss the list of medications currently being crushed with the Pharmacist to ensure that all medications that are being crushed are approved as medicinal products suitable for crushing. Correct prescribing will be form part of the Nursing Metrics audits process when introduced in May 2015. NPQD are currently updating the Medication Management Policy to ensure that all staff will have clear guidance on administration, prescribing and crushing of medication.

**Proposed Timescale:** 31/03/2015

**Theme:**

Safe care and support

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

All medication prescriptions did not clearly state the dose of the drug to be prescribed.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The CNMs will review all the medication prescriptions to ensure that they are prescribed stating the dose of each prescribed drug. The CNMs will request the Medicine for the Elderly team to prescribe all medications correctly. Correct prescribing will be form part of the Nursing Metrics audits when introduced in May 2015. NPQD are currently updating the Medication Management Policy to ensure that all staff will have clear guidance on administration, prescribing and crushing of medications.

**Proposed Timescale:** 31/03/2015

**Theme:**

Safe care and support

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

There was no system in place for reviewing and monitoring safe medication management.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The Person in Charge, the Director of Nursing and the Nurse Practice & Quality Department (NPQD) will meet at end of March 2015 to discuss the introduction and implementation of Nursing Metrics in the Residential Service which will include medication management audit.

The CNMs will be trained to carry out Nursing Metrics Audits in April 2015. Once CNMs are trained Nursing Metrics will commence in May 2015. Audits will be done monthly in each residential unit and audits will be peer reviewed. The audit reports will be discussed at the 6 weekly meetings with the Registered Provider. The CNMs will attend the two monthly Nursing Metric meetings managed by NPQD to ensure auditors' skills remain current.

**Proposed Timescale:** 31/05/2015

**Theme:**

Safe care and support

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

There was no system in place to audit medication errors/near misses and therefore no opportunity for learning from these incidents.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Nursing Metrics Medication Management Audits and Clinical Incident Forms in relation to medication errors/near misses will be discussed at the six weekly meetings with Registered Provider and NPQD Metric Meetings. This will create a forum for learning from these incidents.

**Proposed Timescale:** 31/05/2015

**Theme:**

Safe care and support

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

The method used to crush medications was not always consistent, safe or hygienic.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The method of crushing medicines will be standardised by the use of the silent night crusher and pouches or a similar hygienic device. The CNMs will develop a business case for the purchase of a second hygienic crusher device for each residential unit and submit it to the Registered Provider for approval.

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

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

All incidents of use of restraint in the centre were not accurately reported on the latest quarterly return.

**Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The Person in Charge will be submitting the quarterly returns in April 2015. All residents

that have bed rails in use are being re-assessed by the CNMs to ensure assessment is in line with the Department of Health National Restraint Policy. This will ensure accurate reporting in the April Quarterly returns and all future returns.

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

### **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:**

Maximum dependent residents did not have routine dental check-ups as they did not have access to a dentist for non urgent treatments.

**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:**

The Registered Provider and Person in Charge are currently sourcing a mobile dental service unit to set up a service led agreement to provide this service to Connolly Hospital Residential Services. Staff involved in the provision of this service will need to be suitably qualified, have appropriate insurance and be Garda vetted before they can commence the service.

**Proposed Timescale:** 30/06/2015

**Theme:**

Effective care and support

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

Residents did not have access to ophthalmology services and therefore did not have routine eye checks completed.

**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:**

The Registered Provider and Person in Charge have sourced a mobile ophthalmology services. The service led agreement is complete and we are awaiting the return of the Garda vetting forms to commence the service. The service is expected to commence in

April 2015.

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

**Theme:**

Effective care and support

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

The activities provided did not meet the needs of residents in attendance as the levels of 1:1 interaction was minimum.

**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:**

The Activities Coordinator is currently attending the Dublin Institute of Technology to complete a course on Social Value Based Activity Programme for Older Persons which is multi sensorial. It includes modules on health & wellbeing, communication, spirituality, culture awareness, drama art and music. The course will be completed at the end of March 2015 and will increase the range of activities being made available to residents.

The Registered Provider and Person in Charge will develop a business case for the employment of an additional staff member to assist with activities in the residential services and this will be submitted to the RCSI Group Employment Control Committee for approval.

**Proposed Timescale:** 30/06/2015

**Theme:**

Effective care and support

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

The social care needs of residents' were not been met at weekends or when the activities person was on leave.

**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:**

The Registered Provider and Person in Charge will develop a business case for the employment of an additional staff member to assist with activities in the residential

services and this will be submitted to the RCSI Group Employment Control Committee for approval.

**Proposed Timescale:** 30/06/2015

### **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:**

The physical design and layout of the premises did not meet the needs of each resident.

**Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

1. Connolly Hospital Residential Services have been approved for redevelopment by the Department of Health (DOH) and Health Services Executive (HSE) in relation to a new build. The Registered Provider has contacted HSE Estates to request clarity on when the new building work will commence. Please note attached document from HSE Estates regarding commitment to new residential build and timeframes for commencement and completion of works.

2. The CNMs and Occupational Therapist are currently trialling tilt shower chairs to better meet the hygiene needs of the residents. Once the appropriate equipment is identified the CNMs and Occupational Therapist will complete a business case to be given to the Registered Provider. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

**Proposed Timescale:**

1. 31 March 2015
2. 30 April 2015

**Theme:**

Effective care and support

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

The premises was not kept in a good state of repair externally or internally.

**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:**

The Registered Provider will request the Estates Manager to carry out repairs or replace the hand rails in Woodlands garden. The Registered Provider will request the Environmental Manager to maintain the grass and flowerbeds and clean the pathway in Woodlands gardens. The Registered Provider will request the Environmental Manager to prepare a business case for costing to add additional fencing to the left and right of Silver Birch's garden to make it more secure. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

The shower room facilities in Woodlands and Silver Birch will be reviewed by the Estates Department and a business case with quotes for repair of these will sent to the Registered Provider. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

**Proposed Timescale:** 31/05/2015

**Theme:**

Effective care and support

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

Adequate private accommodation was not provided for each resident.

**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:**

Connolly Hospital Residential Services have been approved for redevelopment by the Department of Health (DOH) and Health Services Executive (HSE). The Registered Provider has contacted HSE Estates to request clarity on when the new building work will commence. Please note attached document from HSE Estates regarding commitment to new residential build and timeframes for commencement and completion of works.

**Proposed Timescale:** 31/03/2015

**Theme:**

Effective care and support

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

Adequate sitting, recreational and dining space separate to the residents' private accommodation was not provided.

**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:**

1. HSE Estates have reviewed Woodlands Residential Unit to improve on the existing dining and recreational space. This will require some redesign of the internal space. HSE Estates has approved funding for this project.

2. Connolly Hospital Residential Services have been approved for redevelopment by the Department of Health (DOH) and Health Services Executive (HSE). The Registered Provider has contacted HSE Estates to request clarity on when the building work in order to plan for adequate sitting, recreational and dining space separate to the residents' private accommodation. HSE has approved funding for this project.

3. The Registered Provider and Person in Charge will reduce the beds compliment on Woodlands Unit to 20 beds with a maximum of 4 residents in multi-occupancy rooms. The Registered Provider and Person in Charge will discuss the bed reduction with HSE representatives in the Community Health Office and the RCSI Hospital Group.

**Proposed Timescale:**

1. 30 May 2015
2. 31 March 2015
3. 30 April 2015

**Theme:**

Effective care and support

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

Adequate storage facilities for the use by each resident was not provided.

**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:**

The CNMs will review the storage required by each resident in relation to personal property. The CNMs will compile costing for increased storage and will complete a business case for same and submit it to The Registered Provider. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

**Proposed Timescale:** 30/06/2015

**Theme:**

Effective care and support

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

A suitable and sufficient number of toilets were not accessible to maximum dependent residents living in the centre.

**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:**

Connolly Hospital Residential Services have been approved for redevelopment by the Department of Health (DOH) and Health Services Executive (HSE). The Registered Provider has contacted HSE Estates to request clarity on building work in order to plan for suitable and sufficient number of toilets that are not accessible to maximum dependent residents living in the centre. HSE Estates will conduct a detailed development plan.

The Registered Provider and Person in Charge will reduce the beds compliment on Woodlands Unit to 20 beds with a maximum of 4 residents in multi-occupancy rooms. The Registered Provider and Person in Charge will discuss the bed reduction with HSE representatives in the Community Health Office and the RCSI Hospital Group.

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

**Theme:**

Effective care and support

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

There were no assisted baths available to meet the needs of the maximum dependent residents living in in the designated centre.

**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:**

Connolly Hospital Residential Services have been approved for redevelopment by the Department of Health (DOH) and Health Services Executive (HSE). The Registered Provider has contacted HSE Estates to request clarity on when the building work in order to plan for assisted baths available to meet the needs of the maximum dependent residents living in in the designated centre. HSE Estates will conduct a detailed development plan.

The Registered Provider and Person in Charge will reduce the beds compliment on Woodlands Unit to 20 beds with a maximum of 4 residents in multi-occupancy rooms. The Registered Provider and Person in Charge will discuss the bed reduction with HSE

representatives in the Community Health Office and the RCSI Hospital Group.

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

### **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:**

Assistance provided to residents by qualified staff at mealtimes was not in line with best practice.

**Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

CNMs will observe staff assisting residents at meal times to ensure best practice is in use. Areas of poor practice will be identified and re-education of staff will be carried out by the CNMs.

**Proposed Timescale:** 31/03/2015

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

**Theme:**

Person-centred care and support

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

Residents were not consulted with as to what activities they would like to participate in.

**Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The CNMs and activities coordinator will discuss the activities calendar with the residents in both residential units for each coming week. Information regarding residents likes and dislikes regarding activities will also be sourced through the residents care plans and from family members.

All staff will facilitate residents to achieve their choices and preferences as outlined in their care plans in relation to hours spent out of bed and times returning to bed. Staff will update the residents' documentation and care plans if there are any changes to the residents' preferences and choices in relation to bed times.

**Proposed Timescale:** 31/03/2015

**Theme:**

Person-centred care and support

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

Any issues raised in residents' meetings were not being appropriately addressed.

**Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

The CNMs will meet the independent facilitator after the residents meetings to discuss any issues raised and address them in a timely manner. The CNMs will give feedback to the independent facilitator regarding actions taken so issues raised can be closed off at the following meeting.

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

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

**Theme:**

Person-centred care and support

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

Residents did not have adequate storage space for their personal belongings.

**Action Required:**

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

The CNMs will review the storage required by each resident in relation to personal property. The CNMs will compile costing for increased storage and submit a business case to the Registered Provider. The Registered Provider has contacted HSE Estates regarding funding for this project. HSE Estates has approved funding for this project.

**Proposed Timescale:** 31/05/2015

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

There was not enough permanent staff employed to cover staff leave therefore each month a number of shifts were been covered by agency staff leading to lack of

continuity of care for residents.

**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:**

The Person in Charge has reviewed the staffing in the Residential Services. There is a requirement for two Clinical Nurse Managers (CNM 1 & 2) whole time equivalent (w.t.e), 2 Registered General Nurses (w.t.e) and 3.5 Health Care Assistants (w.t.e.). Business cases based on staffing recommendations will be developed by the Person in Charge and discussed with the Director of Nursing and Human Resource Manager regarding submission in April to the Royal College of Surgeons (RCSI) Group Employment Control Committee. The business cases will be done as part of the overtime/agency conversion posts process. Once posts are approved, the recruitment of approved posts will commence for permanent staff in order to reduce the reliance on agency staff and overtime shifts. Recruitment will commence in June 2015 when post are approved.

Once posts are approved the recruitment of approved posts will commence for permanent staff in order to reduce the reliance on agency staff and overtime shifts. Recruitment will commence in June 2015 when post are approved.

**Proposed Timescale:** 30/06/2015

**Theme:**

Workforce

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

Staff were not appropriately supervised, there was no regular consistent individualised staff supervisory meetings taking place.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The CNMs will carry out annual staff competency assessments with the registered general nurses. CNMs and Registered General Nurses currently carry out core competency skills assessment for Health Care Assistants.

**Proposed Timescale:** 30/06/2015

**Theme:**

Workforce

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

Staff in one of the units had not had refresher elder abuse training since 2010.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff working in the residential units will attend refresher training in relation to the detection and prevention of and responses to elder abuse in 2015. The Person in Charge will request dates for this training through the Human Resource Department with the intention that all staff will have attended the training by June 2015

**Proposed Timescale:** 30/06/2015

**Theme:**

Workforce

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

All volunteers did not have a vetting disclosure.

**Action Required:**

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

The Registered Provider and Person in Charge will request the Human Resource Department to complete Garda vetting on all volunteers

**Proposed Timescale:** 30/06/2015

**Theme:**

Workforce

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

All volunteers did not have their roles and responsibilities set out in writing.

**Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The CNMs and Activities Coordinator will complete the documentation required to set out the roles and the responsibilities of all volunteers assigned to the residential services.

**Proposed Timescale:** 30/06/2015

