# Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Gahan House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000545</td>
</tr>
<tr>
<td>Centre address:</td>
<td>High Street, Graiguenamanagh, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 972 4404</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lillianbolger1969@gmail.com">lillianbolger1969@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Graiguenamanagh Elderly Association Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Val Lonergan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

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<tr>
<th>From</th>
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<tr>
<td>05 March 2015 09:15</td>
<td>05 March 2015 16:30</td>
</tr>
<tr>
<td>06 March 2015 09:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The inspection was an announced renewal of registration inspection over two days and was the seventh inspection of the centre by the Authority. As part of the inspection, the inspector met with the provider nominee, person in charge, residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the application process was submitted in a timely manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback was positive and is referenced in the body of the report.
The care provided was based on the social model of care as residents had been assessed as not requiring full time nursing care. A nurse attended the centre 15 hours per week over three days. The inspector was satisfied that this arrangement was adequate and met residents' needs. Nursing documentation reviewed and care observed was to be of a high standard and in line with evidence based practice.

Overall, the inspector found that residents received assistance and care that was individualised and person centred. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Residents reported to be well-cared for, happy and content. Residents were supported to participate in meaningful activities. There were strong links between the centre and the community and residents reported that visitors were always made feel welcome.

A number of improvements were identified during this inspection to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report and include:

- policy documentation
- medication management
- staff training and supervision
- review of the statement of purpose and resident's guide
- completion of the project to provide sluicing facilities.
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):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose consisted of the aims, objectives and ethos of the centre and a statement as to the facilities and services that were to be provided for residents. Some items listed in Schedule 1 of the regulations were not detailed in the statement of purpose including:
- Information set out in the certificate of registration
- Size of the rooms
- Arrangements for the management of the designated centre where the person in charge is absent from the centre.

The inspector noted that the statement of purpose was made available in the front reception area for residents, visitors and staff to read. There was no date included in the statement of purpose submitted to the Authority and reviewed by the inspector on-site. It was not clear if the statement of purpose had been reviewed in the last year.

The written statement of purpose described a service that provided "a social model of care" in "a home from home environment". The inspector observed that the ethos of care as described in the centre's statement of purpose was actively promoted by staff.

**Judgment:**
Substantially 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:
There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

The inspector observed a good and supportive working relationship between the person in charge and the provider nominee. The provider nominee confirmed that he attended the centre on a regular basis at least once per week. The provider was part of the group that established Gahan House in 1989. He has sat on the Board of Management since then. The Board of Management meets at least once a month. The person in charge confirmed that she attended the Board of Management meetings.

Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose including provision of a clinical area and sluicing facilities.

The person in charge outlined her audit plan for 2015. The results of the regular audits will form part of the annual review of quality and safety of care.

Results of audits were made available to the inspector. Audits were completed in pertinent areas to review and monitor the quality and safety of care and the quality of life for residents such as nutrition, smoking, clinical documentation and continence care. The audits identified areas for improvement and audit recommendations. Improvements were brought about as a result of learning from audits such as improved clinical documentation and signage.

Judgment:
Compliant

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:
A residents’ guide and information brochure was available which included a summary of the services and facilities provided. The residents' guide included useful information about the local community. The inspector observed that copies were available in the reception area. However, the residents' guide did not contain the following information:

- Procedure respecting complaints
- arrangements for visits
- terms and conditions relating to residence in the centre.

A sample of residents' contracts of care was reviewed. Contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided, the overall basic fee for the provision of care and services and the fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

**Judgment:**
Substantially Compliant

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### 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 person with clear lines of authority, accountability and responsibility for the provision of service. Residents living in the centre have been assessed as not requiring full time nursing care and their needs are met by the provision of 15 hours nursing care per week.

The care provided in the centre was based on the social model of care. The person in charge had attained an undergraduate qualification in social care and has worked for over five years as a manager in the social care setting. The person in charge has worked in the centre since 2007. The inspector found that she was knowledgeable of the relevant legislation and of her responsibilities under the legislation. Residents were observed to be familiar with the person in charge and approached her with issues during the inspection. The staff reported that the person in charge was approachable and supportive.

The person in charge had recently returned from a period of extended leave. Residents had been informed of her return at the residents’ forum. She planned to continue her professional development by completing number of courses in pertinent areas.

The person in charge demonstrated in-depth knowledge of residents, their social care needs, and a strong commitment to ongoing improvement of the centre and the quality
of the services provided. The person in charge outlined to the inspector that she planned to continue her professional development by completing number of courses in pertinent areas.

The inspectors were satisfied that the person in charge was engaged in effective governance, operational management and administration of the centre and attended the monthly Board of Management meetings.

**Judgment:**
Compliant

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**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:**
The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre.

All of the policies as listed in Schedule 5 of the Regulations were in place. As outlined in the relevant outcomes, a number of policies listed in Schedule 5 did not contain implementation/review dates and therefore it was not clear if these policies had been reviewed in the previous three years. The policy in relation to medication management required expansion to effectively guide staff in the administration of non-oral medication and the assessment of residents who self-administer medicines.

Records were kept securely, were accessible and were kept for the required period of time. Residents’ records were kept in a secure place. The inspector found that the system in place for maintaining files and records was organised with clear systems in place.

Residents' records as outlined in Schedule 3 were available in the centre. Records listed in Schedule 4 to be kept in a designated centre were all made available to inspectors.

The residents’ directory contained all matters referred to in article 19. However, the directory was not updated when a resident was transferred to hospital. Entries to the nursing records were maintained in line with relevant professional guidelines.
Records relating to inspections by other authorities were maintained in the centre and the inspector viewed documentation relating to food safety and fire safety.

The centre was adequately insured against accident or injury and insurance cover complied with all the requirements of the Regulations.

**Judgment:**
Substantially Compliant

### 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:**
Where the person in charge was absent from the centre for 28 days or more, the Chief Inspector had been suitably informed prior to the expected absence and within 3 days of the person in charge's return.

The assistant manager was identified as the person to act as the person in charge in her absence. The assistant manager has worked in the centre since 2004 and demonstrated a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

**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:**
Systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre.

There were policies in place in relation to the protection of vulnerable adults, response to allegations of abuse and whistleblowing. The policies had been last reviewed in September 2013 and were evidence based. However, the policies would not effectively guide staff if an allegation was made against the person in charge or a member of the management team.

Staff with whom inspectors spoke were clear and knowledgeable in relation to different types abuse and the steps to take in the event of an incident, suspicion or allegation of abuse. However, training records indicated that some staff had not received refresher training in relation to responding to incidents, suspicions or allegations of abuse.

Residents with whom inspectors spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Residents and staff were able to identify the nominated person.

The arrangements for the management of residents' finances were reviewed. Financial records that were easily retrievable were kept on site in respect to each resident. Appropriate documents were made available to the inspector where the centre was acting as an agent for a resident. The inspector saw that an itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. However, receipts were not available for all transactions to verify that the amounts were correct.

The person in charge and all staff confirmed that no resident required positive behaviour support at the time of the inspection. A centre-specific policy in relation to the management of behaviour that is challenging was made to the inspector. Training in the management of challenging behaviour had been provided for staff.

The centre was truly a restraint-free environment and the inspector confirmed that no forms of restraint were in use at the time of the inspection.

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):
No actions were required from the previous inspection.

**Findings:**
Overall, there were measures in place to protect and promote the health and safety of residents, staff and visitors.

There was a health and safety statement in place which was last reviewed in August 2012. This outlined general aims and objectives in relation to health and safety within the centre, responsibilities in relation to health and safety and the general procedure for reporting accidents and incidents. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was an emergency plan in place which covered events such as medical emergencies, extreme weather and extended loss of power. Provision was made to cover an event where the centre may be uninhabitable. However, the emergency plan did not contain a review or implementation date.

The inspector saw that accidents and incidents were identified and incident forms were completed. However, it was not clear from the incident forms examined that the investigation of incidents resulted in learning from such incidents and the identification of preventative measures to prevent recurrence.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Fire records were comprehensive, accurate and easily retrievable. The training matrix confirmed that all staff employed receive annual fire training on an ongoing basis. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. However, the training matrix indicated that one staff member has not received annual refresher fire training.

The fire panel was serviced on a quarterly basis, most recently in February 2015. Fire safety equipment is serviced on an annual basis. Emergency lighting and fire doors had been serviced annually. Fire drills took place at least every six months and all staff are facilitated to attend. Records of daily, weekly and monthly fire checks were made available to the inspector. These checks included inspection of the fire doors, fire extinguishers, escape routes, fire panel and emergency lighting.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEPs were detailed and outlined any mobility, visual, cognitive and auditory impairments of each resident and the supports required for evacuation. The PEEPs were updated on an ongoing basis by nursing staff to reflect any changes in a resident’s condition. A summary of the PEEPs had also been developed to serve as a quick reference guide for staff.
A designated smoking room was provided for residents, a centre-specific policy was in place for residents who smoke and each resident who smoked was individually assessed. The smoking area was mechanically and externally ventilated, equipped with fire fighting and fire detection equipment, a means to raise the alarm, viewing panel and fire resistance furniture.

Training in moving and handling of residents was facilitated for staff. Residents were promoted to maintain their independence when mobilising. The inspector observed and staff reported that residents did not have routine manual handling requirements.

Infection control practices were guided by a centre-specific policy and augmented by a suite of evidence based resources. The policy did not contain a review or implementation date. Hand washing and sanitising facilities were readily accessible to residents, staff and visitors. Designated hand washing facilities was provided in the laundry.

**Judgment:**
Non Compliant - Moderate

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<th><strong>Outcome 09: Medication Management</strong></th>
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<td><strong>Each resident is protected by the designated centre’s policies and procedures for medication management.</strong></td>
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**Theme:**
Safe care and support

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

**Findings:**
The centre-specific policy in relation to medication management was made available to the inspector which had been reviewed in April 2014. The policy outlined the procedures for ordering, collection, storage, record keeping and administration. As outlined in outcome 5, the policy required expansion in order to effectively guide staff.

Medicines for residents were supplied by a local community pharmacy. There was evidence that the pharmacist was facilitated to meet her obligations to residents, including medication reviews and resident counselling.

Medicines were stored securely. A designated refrigerator was available to store medicines that required refrigeration and the temperature was recorded daily when the refrigerator was in use. Staff confirmed that controlled drugs were not stored in the centre at the time of the inspection but procedures were in place for storage and documentation in line with current guidelines and legislation.

Medication management training had been provided for staff in January 2015. Staff with whom the inspector spoke demonstrated knowledge and understanding of principles in relation to safe medication management practices. The inspector observed the administration of medicines and noted that staff employed a person-centred approach.
A sample of prescription and medication administration records was reviewed. Prescription records were in the form of a photocopied prescription that had been dispensed by the pharmacist. Therefore, there was not an original prescription in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations available for staff administering medicines to confirm that the medicine is being administered as prescribed. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

There was a system in place for reviewing and monitoring safe medication management practices. A medication management audit had been completed in October 2014. There was evidence that pertinent deficiencies had been identified and actions had been implemented, such as the provision of additional staff training.

Staff outlined the manner in which medicines which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for

Judgment:
Non Compliant - Moderate

**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:**
A comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

Judgment:
Compliant

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

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

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents had been assessed as not requiring full time nursing care. A nurse was employed who attends the centre for 15 hours per week over 3 days. Additional nursing hours could be made available as required, for example if a resident was receiving palliative care. Based on these inspection findings, the inspector was satisfied that a high level of evidence based nursing care was delivered to residents in line with their assessed needs.

There was evidence that timely access to health care services was facilitated for all residents. A number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through quarterly medication review, smoking cessation advice and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinic, chiropody and physiotherapy.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken by the nurse and a member of care staff prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, social care needs, mobility, elimination, personal hygiene, nutrition and sleep. This assessment was reviewed and updated at least every four months or in line with a resident's changing condition. There was evidence of a range of assessment tools being used and ongoing monthly monitoring of nutritional need, falls and pressure sore risk. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at monthly intervals. The development and review of care plans was done in consultation with residents or their representatives and the inspector saw that this consultation was current for the care plans reviewed.

Each resident had the right to refuse treatment. This was seen to be respected and documented appropriately in the resident's record.

Wound management was seen to be in line with national best practice. Wound management charts were used to describe the cleansing routine, emollients, dressings used and frequency of dressings. Wounds were examined on a regular basis. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis. There was evidence of appropriate input being sought from specialist tissue viability services.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of
falls on admission and at least every monthly thereafter. A falls checklist was used to guide staff in preventing falls by completing regular environmental checks and ensuring that resident has access to the required mobility and sensory aids.

Person centred care plans had been developed for residents with dementia in line with the centre-specific policy in dementia care. The care plan outlined the resident's daily routine, supports require to retain independence and meaningful activities. It was clear to the inspector that the staff completing the care plans had an in-depth knowledge of the resident's likes, dislikes, communication ability, life story and needs. The care plans were updated when a resident's condition changes, for example on discharge from hospital. The inspector observed interaction between staff and residents with dementia throughout the inspection. The inspector observed many examples of positive connected care including staff sitting with residents and providing appropriate assistance as they completed activities. The inspector observed that staff promoted independence by encouraging residents with dementia to complete household tasks such as setting and clearing tables after meals.

Residents' social care needs were met and residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A social care plan was developed for each resident on admission and updated monthly. The social care plan outlines residents' social contacts and the hobbies and activities they enjoy.

There was a range of activities offered including gentle exercise, arts and crafts, matinée afternoon, bingo and live music. Residents were facilitated to attend activities external to the centre. Day trips out were organised to the local garden centre or shopping. Residents enjoyed going to the local town to meet friends and to socialise.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The centre was a purpose built two-storey building located within a development which also contains eight independent houses or 'chalets'. Resident accommodation was provided on the ground floor and staff facilities were provided on the first floor. The
entrance was wheelchair accessible and led to the main reception area. The manager’s office and treatment room are located close to the main reception area. Communal accommodation consisted of a large multi-purpose room which was used for sitting, recreation and dining and there was clear distinction of functions. There was adequate dining space to accommodate all residents comfortably. A small quiet room, an oratory and a smoking room were also provided.

Residents were accommodated in twelve single bedrooms; none of these rooms were en-suite. Each bedroom provided a wash hand basin and adequate storage for personal possessions including a lockable storage space. Four toilets, one bathroom with assisted shower, non-assisted bath, wash-hand basin and toilet. Another assisted shower room with shower, wash-hand basin and toilet are also provided for residents’ use.

Ample parking is provided to the front of the centre and there was ample outdoor space provided within the development. Seating was provided and the grounds were seen to be kept safe, tidy and attractive with mature planting.

Internally, the inspector found the premises to be visibly clean, adequately heated, lighted and ventilated and in good decorative order. The inspector observed that the centre was generally well maintained but there was torn flooring in the laundry area. Renovations were underway to provide an adequate sluice area with the major building and electrical work completed. The provider nominee and the person in charge outlined that the next stage was to secure funding to purchase equipment and fundraising was underway. The laundry facilities were adequate to meet the needs of residents. There was a designated wash hand basin provided in the laundry.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with handrails and grabrails. Emergency call facilities were in place.

A separate kitchen was provided and was located off the main dining room. The inspector observed the kitchen to be visibly clean and well-organised. There were suitable and sufficient cooking facilities, kitchen equipment and tableware. Staff were provided with changing and sanitary facilities.

Judgment: 
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The inspector noted that there was a centre-specific comprehensive complaints policy, last reviewed September 2013. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently at the main reception area and was included in the statement of purpose.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly.

Residents with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

**Judgment:**
Compliant

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**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 centre-specific policy on end of life care was made available to the inspector. The end of life policy was augmented by a deceased resident policy and procedure which covered sudden deaths. The inspector noted that the policies were comprehensive, evidence based and would effectively guide staff in meeting resident's needs.

The inspector reviewed a care plan of a deceased resident and noted that resident had received appropriate care The resident's physical, emotional, social, physiological and spiritual needs were being met. The end of life care plan had been reviewed and updated following deterioration in the resident's condition. The care plan outlined the resident's preference as to place of death and this was seen to be facilitated.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. Mass was celebrated on a weekly basis. Access to specialist palliative care services was available on a 24 hour basis.

The inspector noted that arrangements were in place for capturing residents' end of life preferences. Discussions regarding end of life care with residents and representatives were documented and seen to be meaningful and comprehensive, capturing residents' wishes on preferred place of death, spirituality and religion at end of life and funeral
arrangements. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a four monthly basis or more frequently if a resident's needs changed.

Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents who wished to attend funerals were supported.

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

Findings:
There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents that had been reviewed in March 2014.

The food served was sufficient in quantity, freshly prepared and was of a good standard. The person in charge confirmed that input from a dietician had been sought to ensure the nutritional value of the meal provided. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents’ preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location. The menu for the day was displayed on a whiteboard in the communal area and the inspector observed staff informing residents of meal choices. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector saw that residents were provided with a range of hot and cold drinks;
fresh water was available in the communal area.

Residents were encouraged to remain independent and gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspector spoke were very complimentary of the meals and snacks served.

The inspector saw and staff confirmed that no resident required food or fluid of a modified consistency at the time of the inspection. Special dietary requirements, such as diabetic diets and food intolerances, were addressed.

Residents’ weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. Food charts were used to monitor residents' food intake when required and appropriate referral was made to the dietician.

**Judgment:**
Compliant

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

*Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

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

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

**Findings:**

The inspector found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspector throughout the day and residents with whom the inspector spoke reported that there was no restriction on visitors and visitors were always made welcome. A quiet room was provided for residents who wished to meet visitors in private.

Residents were consulted about how the centre was planned and run. A regular residents’ meeting was facilitated and minutes from most recent meeting in February 2015 were made available to the inspector. Feedback sought during this meeting informed practice and suggestions, e.g. the installation of a television in the quiet room and new menu options, were seen to be implemented.

Residents' capacity to exercise personal autonomy and choice was maximised. Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities.
Residents are facilitated to exercise their civil, political and religious rights. Residents were very conversant in current affairs and the inspector observed residents enjoying a news programme. Mass was celebrated in the centre on a weekly basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit.

The inspector observed televisions and radios in the communal areas. Residents with whom inspectors spoke outlined that they enjoyed to listen to the radio in their bedrooms before retiring. Residents' personal communications were respected and residents had access to a private telephone.

The inspector saw that residents received care that was dignified and respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms.

Residents had access to a formal independent advocacy service and the person in charge confirmed that residents had been supported to avail of this service.

Staff with whom the inspector spoke were aware of the different communication needs of the residents. Individual communication abilities and requirements were highlighted in care plans and reflected in practice.

The inspector observed that activities were provided for residents including live music, bingo, arts and crafts, matinée afternoon and gentle exercise. Residents with whom the inspector spoke particularly enjoyed the weekly gentle exercise sessions. A hairdresser visited the centre on a regular basis. Residents can opt out of activities if they so wish and a choice of activities was offered.

Judgment:
Compliant

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:
The inspector observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables. A record was kept and maintained of each resident's personal property. This record was updated periodically.
Residents' personal clothing was laundered on-site and clothing was labelled to ensure that residents' own clothing was returned to them. Residents reported that their laundry was always returned to them in good condition.

There was a centre-specific policy on residents' personal property and possessions which had been reviewed in March 2013.

Residents with whom the inspector spoke confirmed that they could retain control over their personal possessions and clothing.

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

**Findings:**

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The inspector observed that residents were familiar with staff.

Staff confirmed that an 'on call' system was in operation to support the periods of lone working and reported that the system was responsive. If assistance was requested from a person living in the chalets during lone working periods, staff stated that they would activate the 'on call' system who would respond. This ensured that a staff member was present in the centre at all times. The inspector reviewed the roster and noted that two care staff were provided from 10:00-17:00 at the weekends.

A sample of staff files was reviewed. A record of up-to-date registration with the relevant professional body was available for relevant members of staff. There was evidence of effective recruitment and induction procedures in line with the centre-specific policy. However, the inspector noted that this policy did not have
Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. Further education and training completed by staff included first aid, dementia care, medication management, end of life and nutrition.

Staff were supervised appropriate to their role through an informal process. However, a more formalised and documented system of supervision and appraisal was required to ensure that supervision improved practice and accountability.

The inspector noted that regular staff meetings took place. Topics discussed included policy updates, renovations and upgrades, resident parties and training.

**Judgment:**
Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Gahan House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000545</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05/03/2015</td>
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<tr>
<td>Date of response:</td>
<td>22/04/2015</td>
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Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some items listed in Schedule 1 of the regulations were not detailed in the statement of purpose including:
- Information set out in the certificate of registration
- size of the rooms
- arrangements for the management of the designated centre where the person in charge is absent from the centre.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
As part of the review of the Statement of Purpose the Registered Provider will include the items listed in Schedule 1.

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

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was not clear if the statement of purpose had been reviewed in the last year.

**Action Required:**
Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
All documentation under review will have implementation and review dates included upon completion of the review process. The Statement of Purpose is currently being reviewed and is due for completion at the end of May 2015.

**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 residents' guide did not the terms and conditions relating to residence in the centre.

**Action Required:**
Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

**Please state the actions you have taken or are planning to take:**
A review of the current resident’s guide will be undertaken to include the information outlined in the report by the management team.
<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2015</th>
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<tbody>
<tr>
<td>Theme: Governance, Leadership and Management</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The residents’ guide did not contain the procedure respecting complaints.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>The details of how to make a complaint will be included in the review of the information in the resident’s guide in line with the above time frame.</td>
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<tr>
<td>Theme: Governance, Leadership and Management</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>The residents’ guide did not contain the arrangements for visits.</td>
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<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 20(2)(d) you are required to: Prepare a guide in respect of the designated centre which includes the arrangements for visits.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>Information regarding the arrangements for visiting will be included in the resident’s guide when the review is being carried out.</td>
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<tr>
<td>Theme: Governance, Leadership and Management</td>
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<tr>
<td><strong>Outcome 05: Documentation to be kept at a designated centre</strong></td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>A number of policies listed in Schedule 5 did not contain implementation/review dates.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>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</td>
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</tr>
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in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
All policies and procedures are being reviewed to include implementation and review dates. A number of policies and procedures are currently under review and are due to be completed by the end of June 2015.

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

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy in relation to medication management required expansion to effectively guide staff in the administration of non-oral medication and the assessment of residents who self-administer medicines.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The medications management policy and procedure is currently under review and will include an outline of the assessment of residents who are self-administering medications. The review will also include the guidance for staff administering non oral medications.

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

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The residents’ directory was not updated when a resident was transferred to hospital.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
The directory of residents will be updated to include the information required for transfers to hospital.

**Proposed Timescale:** 30/04/2015
Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff had not received refresher training in relation to responding to incidents, suspicions or allegations of 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:
The last training session dealing with detection and prevention of and responses to abuse took place in 2012. All staff will attend refresher training in this area by end of October 2015.

Proposed Timescale: 31/10/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Receipts were not available for all financial transactions to verify that the amounts were correct.

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 provision of receipts will be included in the procedure for safeguarding resident’s finances and personal property when the review is complete.

Proposed Timescale: 30/06/2015

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:
It was not clear that the investigation of incidents resulted in learning from such incidents and the identification of preventative measures to prevent recurrence.
**Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Incident investigation reports will be attached to each incident recording form stating the outcome of the investigation and the measures put in place to prevent any further occurrence.

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

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## 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:**
Prescription records were in the form of a photocopied prescription that had been dispensed by the pharmacist. An original prescription was not available for staff administering medicines to confirm that the medicine is being administered as 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:**
As all original prescriptions are GMS prescriptions they cannot be kept on file in the centre. A new kardex system will be put in place to meet the needs as outlined in the report.

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

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## Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was torn flooring in the laundry area.

**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
Please state the actions you have taken or are planning to take:
The works on the sluice room are ongoing. All safety measures are in place to prevent accidents from occurring in this area. The floor covering will be replaced when the work has been complete.

**Proposed Timescale:** 30/09/2015

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sluicing equipment was not provided in the sluice area.

**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:
Funding for the equipment is currently being sought from the Board of Management. As in most centres availing of funding for specific projects is proving difficult. We hope to complete this project by the end of September 2015.

**Proposed Timescale:** 30/09/2015

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Refresher manual handling training was outstanding for one staff member.

**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:
A review of the training files and staff files have shown that all staff have attended the manual handling training (refresher) in November 2014. The next training session in this area is due to take place in 2016.

**Proposed Timescale:** 30/11/2015

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A formal system of supervision is required.

**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 Person in Charge is currently reviewing appraisal systems for staff supervision. The staff will be made aware of this requirement under the regulations. It is envisaged that the new appraisal system will be implemented by the end of 2015.

**Proposed Timescale:** 31/12/2015