

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Portiuncula Nursing Home
Centre ID:	OSV-0000084
Centre address:	Multyfarnham, Westmeath.
Telephone number:	044 937 1911
Email address:	ann.bloomer@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	10

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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:
30 September 2014 10:00	30 September 2014 17:00
01 October 2014 09:30	01 October 2014 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 was the seventh inspection of the centre by the Authority and was completed in response to an application by the provider to renew registration for the centre under the Health Act 2007. The inspector reviewed all eighteen outcomes in addition to progress with completion of the action plan from the last inspection of the centre on 20 October 2013 to assess compliance with the legislation and standards. The inspector found that actions plans were satisfactory completed from the last inspection with the exception of identification of risks to include assessment with controls stated to mitigate risk level. This action has been restated in the action plan with this inspection.

During the inspection the inspector met with residents, relatives and staff members.

Fourteen pre-inspection questionnaires were returned, seven completed by residents in the centre and seven by relatives of residents. Overall feedback from residents and relatives was positive with regard to aspects of the quality and safety of the service.

The premises were found to be fit for purpose with the exception of a three bedded room which is discussed in outcomes 12 and 16 of this report. The provider advised the inspector that he had a refurbishment plan in place which would address the non compliances in the premises by July 2015.

Documentation to be maintained in respect of residents, staff and premises required improvement including the directory of residents, nursing progress notes and residents property records.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

There was a written statement of purpose for the centre which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. A copy of the statement of purpose was forwarded to the Authority. It was last updated on the 02 September 2014. The provider was aware of the need to keep the document under no less often than annual review. The statement of purpose provides a clear and accurate reflection of the facilities and services provided implemented in practice in the centre.

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):

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

Findings:

There was a clearly defined management structure in place that identified the lines of

accountability and authority in addition to evidence that the provider worked with the person in charge on a consistent and supportive basis in the governance and management of the centre. The inspector observed that meetings were held at each staff level and review of the minutes confirmed that these forums functioned to support inter-team communication, address areas requiring review at local and corporate management level and to ensure staff were kept informed to comprehensively meet the needs of residents as described in the centre's statement of purpose document.

A monthly meeting was scheduled and minuted between the provider and person in charge with risk management in the centre as a standing agenda item. Group quality and safety review meetings were convened on a quarterly basis which the person in charge attended and provided feedback on quality and safety and quality of life audits. Monthly monitoring of clinical audits including resident falls analysis and staffing to review staff training needs and to evaluate whether training provided was positively impacting on care of residents was completed by the group practice development co-ordinator.

The inspector found that there were sufficient resources to ensure effective delivery of care in accordance with the centre's statement of purpose on the days of inspection with the exception of provision of additional low-low beds as identified in falls review documentation. The person in charge advised the inspector that the procurement process was under way for additional low level beds to meet residents' assessed needs. Equipment service records were reviewed and found to be up to date. A procurement template was made available to the person in charge to be used for ordering capital resources. The person in charge was also provided with a budget to buy additional resources as required to a specified maximum monetary value.

The inspector found that there was a culture of quality monitoring and improvement in the centre with systems in place to ensure that the service provided was safe, appropriate to meet resident needs, consistent and regularly monitored. An auditing schedule was established to ensure aspects of the quality and safety of care and the quality of residents' lives in the centre were monitored.

The inspector observed that some audits were not dated for example, a resident satisfaction with care survey. Although there was evidence of analysis of audits completed, the corrective actions to be taken to address some deficits were not clearly stated on a consistent basis with timescales and person responsible for completion or were stated as an action taken but not always dated as completed. These findings posed a risk of weakening the overall effectiveness of the quality review process. The inspector reviewed a copy of the 2013 annual review on the quality and safety of care which was prepared in consultation with residents and was made available to them on completion. The 2014 report was in draft format. These reports included details of areas for service improvements for the next year.

Judgment:

Substantially 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:

The inspector viewed a sample of current resident contracts. A schedule of services which were free of charge to residents and included in the fees were detailed. However, the personal contribution to be paid by residents was not clearly stated as part of the overall accommodation fee for residents availing of the Nursing Home Support Scheme. The centre did not charge residents for social activities. All contracts of care reviewed were signed and dated. The inspector observed that some residents signed their own contract of care.

Residents had access to a hairdresser who attended the centre; a price list was displayed to enable residents to make a choice about the service they required.

There was a residents' guide available which was reviewed by the inspector and found to be frequently updated to reference any changes to keep residents informed. It contained all the information as required by the legislation.

There was a plan in place to introduce a quarterly newsletter which was at an advanced stage and was being done with the input of residents.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge of the centre is Erica Eris. She is a registered nurse with An Bord Altranais agus Cnáimhseachais na hÉireann and has experience in caring for older people as required by the Legislation. The person in charge works full-time in the centre. She had kept her skills up to date since commencing in her role as person in

charge in Portiuncula Nursing Home on 20 August 2012.

The Person in charge has completed an MSc in nursing and rehabilitation and a postgraduate course in Gerontology nursing. She had also completed a course in Practice and Principles of Infection Control in April 2013 and internal mandatory annual training courses including fire safety and elder abuse detection and prevention training and other courses to support her professional development.

The person in charge demonstrated that she was engaged in the governance, operational management and administration of the centre on a consistent basis. The person in charge was knowledgeable about individual resident's needs and their individual choices Residents knew the person in charge and the inspector observed residents consulting with her in relation to their care.

During this inspection the person in charge demonstrated that she was aware of the Regulations, the Authority's Standards and her responsibilities as person in charge of the centre. She is supported in her role by a clinical nurse manager who deputises in her absence and a team of nursing staff, care assistants, catering, administrative and ancillary staff. The group practice development co-ordinator attends the centre each week and supports the person in charge with monitoring and development of evidence based care practices and staff training needs. The person in charge facilitated the inspection; information was easy to retrieve and was managed with appropriate attention to security of residents' personal information.

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:

The inspector found that records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in a way so as to ensure completeness, accuracy and ease of retrieval. There was evidence of adequate insurance against accidents or injury to residents, staff and visitors.

All of the written operational policies as required by Schedule 5 of the Regulations were available however the policy document advising on protection of vulnerable adults was updated on 01 May 2014 and scheduled for next review in May 2017. This finding did not evidence implementation on an annual basis.

The directory of residents was reviewed and the inspector found that not all required information was included. Incomplete information included missing telephone numbers of two residents' next of kin and cause of death was not entered for two deceased residents. Readmission details of some residents was not clear in all cases

Some records to be maintained in respect of each resident as described by the regulations were not in place. The inspector found that daily nursing progress notes for residents was not adequately informative or linked to some care plans.

A sample of staff employment files reviewed were found to be complete and contained all required documentation in reference of each staff member.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence. The person in charge had not been absent from the centre for more than 28 days to date.

The deputy person in charge is a senior nurse appointed as a clinical nurse manager in the centre.

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):

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

Findings:

The inspector found that there were satisfactory arrangements in place to safeguard residents on this inspection. The nurses' station is located in a location inside the front door of the centre from which a receptionist works five days per week. The receptionist monitored access through the front doors while on-duty and outside of these hours, access is controlled by staff. A record of visitors to the centre was maintained.

Staff training in elder abuse prevention, recognition and management was facilitated every two years as per staff training records. On the last inspection in October 2013, the inspector observed that the policy on protection of vulnerable adults advised that annual training was undertaken and this finding in reference to staff training and policy review was the subject of an action plan.

Findings on this inspection evidenced that this action plan was not satisfactorily completed and is repeated in the action plan with this report. All staff had completed this training in protection of vulnerable adults as per staff training records given to the inspector on this inspection. Some staff last completed this training in 2012. The policy document advising on protection of vulnerable adults was updated on 01 May 2014 and scheduled for next review in May 2017. These findings were not in line with best practice recommendations of the National Standards which indicates annual review of implementation of the policy should be taken and is discussed further in outcome 5.

All staff files reviewed on the days of inspection had evidence of completed appropriate vetting procedures. Staff spoken with were knowledgeable with regard to their role and responsibilities in protecting residents and reporting any suspicions or disclosures made to them. There were no allegations of abuse recorded since the last inspection in October 2013.

Residents spoken with by the inspector and entries in pre inspection resident questionnaires supported residents' feelings of safety. Examples of comments by residents to the inspector about their feelings of safety included 'feel as safe as houses', 'I haven't a worry here' and 'I am treated with the height of respect always'. The inspector observed staff - resident interactions on the days of inspection and found that while all staff interactions were satisfactory and responsive to residents' needs. Call bells were observed to be answered promptly by staff.

. Safeguarding of residents finances and personal possessions was informed by policy and procedural documentation.

A policy document was in place to inform management of behaviour that challenges exhibited by residents and promotion of a positive approach to managing same whilst supporting the resident concerned. The person in charge informed the inspector that there were no residents presenting with behaviour that challenged on the days of inspection. The majority of staff across all grades had attended training in managing challenging behaviour. This training was scheduled on a two yearly basis

23 residents were using bedrails 'to prevent rolling/falling out of bed', some of which were documented as being at the residents' request. This finding in addition to findings of insufficient numbers of low-low beds to meet assessed needs was not in line with the national restraint policy 'Towards a restraint free environment in nursing homes'. This policy states that it is vital that consideration be given to all alternative less restrictive measures before an episode of restraint may be initiated. In the exceptional circumstances that an episode of restraint is initiated it must be minimised to what is absolutely necessary and should always be viewed as a temporary measure. This was not evidenced on this 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):

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

Findings:

The centre had a risk management and health and safety statement in place. A risk management strategy document dated 15 August 2014 informed risk management activity in the centre. Group quality and safety review meetings were convened on a quarterly basis which the person in charge attended and provided feedback on safety in the centre including incidents to residents for which, minutes were made available to the inspector. Risk management was a standing item on the agenda of the monthly management meetings in the centre attended by the provider, person in charge and practice development co-ordinator.

The risk management policy and the risk register were reviewed by the inspector. Findings evidenced that risks were identified with concomitant controls in place to mitigate same. There was evidence of learning from serious incidents involving residents informed by a process of root-cause analysis of all such incidents. However, the

inspector found that while corrective actions were identified, details of implementation of these actions to ensure positive outcomes for residents. For example, increased supervision was identified as an improvement action for a resident who sustained a fracture following a fall. However this resident was assessed already as requiring increased supervision prior to her fall. There was no indication of the nature of the supervision, the times required or review timescales.

On this inspection, the inspector found that the following potential risks had not been identified, risk assessed and documented with necessary controls in the risk register

- a decommissioned holder for a floodlight in an area of garden covered by stone chippings to the front of the centre was not identified as posing a potential risk of trip injury to residents and others in the risk register. The provider advised that it was overlooked with installation of a new light fitting and the redundant fitting would be removed as a priority action following the inspection.

- an opening in the fence in front of the centre posed a potential risk of access by vulnerable residents or others to a builders yard with scaffolding equipment and machinery including a crane was not identified, risk assessed and documented in the risk register.

- a deep ravine with grass overgrowth which hid running water underneath located to one side of the avenue to the centre. The inspector observed residents using this avenue for walks during the days of inspection.

Environmental, water and radiator temperature monitoring was carried out in the centre.

The inspector reviewed fire safety arrangements on this inspection. There was a fire safety management and evacuation procedures policy dated 26 August 2014. The policy informed comprehensive evacuation procedures. Evacuation risk assessments were completed for each resident with identification of needs in terms of equipment and staff during the day and during the night. However, there was no documented evidence of simulated night-time drill to ensure residents could be evacuated safely with the numbers of staff on-duty based on the layout of the centre and the completed risk assessments. There was evidence on review of fire safety records that some inadequate checking procedures for fire equipment and means of evacuation found on the last inspection in October 2013 and the subject of subsequent action plans were satisfactorily completed on this inspection. The inspector observed a full length curtain over fire exit 7 which could potentially hinder evacuation of residents if required in an emergency. In addition a linen transportation trolley and two other trolleys were stored in an access corridor which obstructed access to fire exit 4. This finding was brought to the attention of the provider who remedied same immediately and advised the inspector that follow-up action would take place to ensure that this did not recur.

Training records confirmed that all staff had completed annual fire safety training and six monthly fire evacuation drill training during day time hours. Staff spoken with by the inspector were knowledgeable on the procedures they should follow in the event of a fire in the centre. There were two incidents recorded in the fire records where the fire alarm was activated outside of testing procedures. These incidents were not notified to the Authority as required under regulation 31(3).

Safe moving and handling training was provided every two years and was documented as completed by all staff in the training records reviewed. The group physiotherapist

attended the centre twice weekly and was involved in assessing residents' moving and handling needs in addition to falls management and rehabilitation. While there were an identified requirement in resident falls review documentation for low to ground beds, the inspector observed a number of the residents' profiled beds lowered to a position within as close proximity to the floor as possible. Some residents wore hip protectors. Falls prevention and management of incidents was informed by policy documentation including a policy document titled Accident/Incident reporting policy and procedure dated 01 June 2014.

Residents at risk of falls or of developing pressure area problems were identified in a clinical risk register.

There were infection control guidelines available to inform staff practices including procedures in the event of an infection outbreak in the centre. 96% of staff had attended infection prevention and control training. This training was provided every two years. An influenza vaccination programme for residents had commenced on 24 September 2013. The influenza management policy was available and vaccination was evidenced as offered to residents due for review on 12 December 2013. A record was maintained of residents who had received influenza vaccination which also recorded residents, some of whom choose not to receive vaccination which was respected. Arrangements for staff to avail of the influenza vaccination were in place and on receipt were recorded by the Person in Charge for reference as preparation in the event of an outbreak this season.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

A comprehensive medication management policy was available dated 25 September 2014 and reflected medication management practices in the centre. The inspector reviewed a sample of residents' medication prescriptions. Findings from the last inspection in October 2013 where faxed prescriptions were not transferred to residents medication prescription documentation within 72hrs as stated in the centres medication management policy were satisfactorily completed on this inspection. Residents' medication prescriptions were signed individually against each drug prescribed in addition to statement of the maximum dosage of PRN (as required) medication over 24 hours by GPs and were therefore complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations

(Amendment) 2007.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. The inspector found that the medication storage room was secured throughout this inspection. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was routinely monitored as required.

The inspector observed medication administration practices and found that the nursing staff observed, did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais na hÉireann. Staff reported and the inspector observed that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland including quarterly review of prescribed medicine therapy in conjunction with nursing staff and the resident's GPs. The person in charge conducted a weekly audit reviewing delivery of residents' medications.

There were procedures undertaken by staff to ensure administration of residents' medications was appropriate and safe. Monitoring procedures were undertaken to ensure medications were at therapeutic levels.

Judgment:

Compliant

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 record was maintained of all accidents and incidents involving residents in the centre. All notifications were forwarded to the Authority with the exception of two incidents where the fire alarm was activated other than for the purpose of training or testing. These incidents were documented in the fire records as occurring on the 03 April and 24 July 2014 and should have been notified in the quarterly notification to the Authority for Quarter 2 2014.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 50 residents residing in the centre on the days of inspection. Twenty eight residents had assessed maximum dependency needs, eight had high dependency needs, fourteen had medium and three had low dependency needs. Each resident had evidence of needs assessment with corresponding care plans in place.

Many residents were noted to have a range of complex healthcare issues and the majority had more than one medical condition. A sample of residents' care documentation was reviewed by the inspector. The inspector found that all residents had a care plan and following comprehensive assessment every three months or more often. Each resident in the sample reviewed had a care plan in place informing how their identified needs would be met in each case. Care plans were also noted to identify long term objectives of care in some cases. However, progress notes were not consistently informative or linked to the care plan interventions completed. The inspector found that residents' health and mental well-being was closely monitored. Residents had regular blood analysis completed including serum levels of various medications as appropriate to ensure therapeutic levels were maintained. There was also evidence of residents improving following admission and during residency. One resident was rehabilitated back to a level of health that enabled them to be considering returning to independent living in the community.

There was evidence that residents had good access to GP and allied health professionals. GPs reviewed residents on a three monthly basis and every six months each resident's well-being is reviewed by the GP, Pharmacist and Person in Charge. There was also a practice where residents' GPs were available for two days each year to speak with the resident and their significant other about current and future care and needs.

The inspector found that where residents required assessment and support by allied health professionals, this was available. The residents had weekly access to a physiotherapist employed by the provider. There was evidence of physiotherapy involvement in resident falls management, moving and handling including hoist sling

assessment, rehabilitation and promotion of mobility and restraint/enabler assessment. The physiotherapist participated in falls investigation including root-cause analysis of resident falls resulting in injury. The occupational therapy service were involved in seating assessments and in coordinating trialling of various seating options to promote residents' health and quality of life. Residents also had access to speech and language and dietetic therapy services. The person in charge reviewed resident transfer information to community public health nursing services for residents following respite, convalescence or discharge. This review resulted in the reformatting of the transfer document with the aim of enhancing the quality of information to inform the resident's on-going care needs assessment and support in the community.

While some residents had a diagnosis of dementia/alzheimers and other conditions affecting mental well being, they were stable and did not present with episodes of challenging behaviour at the time of inspection. Residents had good access to psychiatry of older age services. The majority of staff had attended training on managing challenging behaviour in 2013/2014.

While there was evidence that residents and staff had good support from the community palliative care services, none of the residents were in receipt of palliative or end-of-life care. The centre provides respite care to three residents from the community each week. There were no residents with pressure related sores on the days of inspection. The inspector saw that where residents needed specialist equipment, their needs were assessed and the appropriate equipment such as pressure relieving cushions or mattresses were made available.

Overall the inspector found that each resident had their interests and capabilities assessed. Staff were well informed about the residents life histories and what interested them. An activity and social programme was available to residents co-ordinated by an activity co-ordinator staff. Many residents were observed to be engaged in recreational activities that interested them on an individual and communal basis. Facilitated recreational activities were provided in the sitting room on each floor. There was an extensive programme of activities displayed on a notice board outside the sitting room on the ground floor for residents to choose from. While informative, the text was in small font and the activities scheduled for the day tended to get lost in the midst of all the information provided. Residents who remained in their bedrooms were provided with options including hand massage, newspaper and poetry reading facilitated by the activity co-ordinators or other staff. The activities that took place on the day of inspection reflected the activity programme schedule as displayed .Some residents said they preferred to watch and listen rather than participate and others told the inspector that they couldn't participate in activities they previously liked to do due to their medical conditions.

There was evidence of adequate documented communication regarding residents who were transferred to the care of the acute services and on their readmission to the centre. All relevant documented information about residents care and treatments including medical test results were maintained as required. There was a policy document to advise staff on the temporary absence and discharge of residents.

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):

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

Findings:

Residents' accommodation was provided over two floors with lift access. Stairways between floors were adequately protected as required to mitigate risk to vulnerable residents. All areas of the centre were comfortably furnished and well decorated. Residents' rooms were well personalised and had been made comfortable and homelike by the addition of residents' own pictures, decorative ornaments, personal items of furniture and photographs with the exception of a three-bedded multi-occupancy room. The areas assessed were noted to be clean and in good decorative order. The area around the doors to the various communal rooms was painted to give the impression of a shop front with old style advertisements displayed on the door, for example the hairdressing salon and dining room. The exterior wall to the room accommodating three residents was also painted and decorated to replicate the features of a porch with a front door. Corridors were painted in contrasting colours to assist residents with their orientation needs in the centre. The lift had a door closure delay installed to ensure residents did not feel hurried or exposed to increased potential for falling.

There was adequate communal accommodation provided to meet the needs of residents. A sitting room was located on both floors. While one sitting-room on the ground floor was attended by the majority of residents, it filled to capacity quickly especially when visitors called in the afternoon, there were other comfortable areas provided including an area in the reception where residents could meet with their visitors. The inspector observed that residents utilised these areas throughout the days of inspection.

Residents' accommodation in the centre consisted of 47 single bedrooms with en suite toilet, shower and wash basin, five twin rooms with en suite toilet, shower and wash basin and a three-bedded room which also had an en suite toilet, shower and hand basin. The layout of three twin rooms was under revision at the time of inspection to ensure the layout was optimised to ensure the needs of residents were met including their privacy and dignity needs.

The inspector assessed the three bedded room and found that this accommodation did not meet its stated purpose. The layout of the beds was side by side, within close proximity to each other and clinical in style. A three compartment wardrobe provided adequate storage for clothing, but was outside the private area of individual residents as they were located beyond a common access pathway at the bottom of the beds. Therefore residents could not maintain full control of this property. A communal television was placed on top of a communal chest of drawers and was not easily viewed by all residents. In addition there were no arrangements in place to ensure residents were afforded choice of viewing. Residents did not have adequate personal space to display their personal possessions. A hand hygiene sink within the room was obstructed by a bed screen curtain. The curtains were not secured on the rail on one side. A large oil storage tank obstructed the view out of this window. The provider advised the inspector that he had a plan drafted to refurbish this accommodation to meet its stated purpose and works would be completed by July 2015.

The inspector found that residents had access to spacious maturing gardens. A safe enclosed garden off a communal seated area was fenced off and had a number of paved pathways including one from the bar/conservatory room to a central seated area, facilitating residents to enjoy the facility independently. Flower beds and small rose gardens were in place.

There were a number of residents with dementia care needs who tended to remain in the communal sitting room on the first floor. The room had recently been refurbished to enhance this environment from a sensory perspective.

There was a functioning heater and a fan available in the smoking room which was a conservatory-type structure.

Environmental temperature monitoring sensors were fitted at various points throughout the centre. The inspector viewed the temperature monitoring records where staff reviewed the temperature readings on sensors located throughout the centre.

While, inadequate storage of resident equipment such as hoists and wheelchairs sometimes stored in corridors was satisfactorily completed with the provision of a newly refurbished storage area on the last inspection in October 2013, the inspector found this required further improvement on this inspection in relation to storage of linen transport, commodes and used linen collection trolleys. On this inspection, the inspector found that the sluice on the ground floor was fully inaccessible due to storage of used linen collection skips and commodes. The bedpan disinfection unit and a hand hygiene sink were not readily accessible. There was inappropriate storage of equipment trolleys in corridors.

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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A complaints log was maintained in the centre and there were arrangements for complaints to be followed through to satisfactory resolution. Verbal feedback from residents or resident's representatives was welcomed and arrangements were in place for recording same in line with regulatory requirements. The inspector observed that four complaints were recorded in the log for 2014 with adequate documentation recording investigation. Satisfaction by complainants of outcome was ascertained. The complaints procedure was prominently displayed and the requirements of the regulations were met in terms of the process. An appeals procedure was in place if complainants were dissatisfied with the outcome of investigation by the centre.</p> <p>There was a named advocate available if required by residents and a process was in place for auditing the complaint procedure.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the end of life policy dated 17 February 2014. The policy informs staff on procedures for last offices, property of the deceased and post mortem. There were no residents in receipt of end of life or palliative care services on the days of inspection.</p> <p>A review of a sample of residents' care plans evidenced that their end of life wishes were discussed and in most cases documented. The inspector was told that missing documentation in one resident's care plan was pending communication of this information by the resident's son on his behalf. The delay was due to a request by the resident's son for some additional time to make this decision which was respected. Members of the local clergy, who reside within close proximity to the centre, provide</p>

pastoral and spiritual support to residents who are at the end stage of their lives in addition to other clergy from the various religious faiths. The centre has adopted the Hospital Friendly Hospice symbol which is displayed to inform of the death or impending death of a resident in the centre.

The centre provides accommodation and refreshments for relatives of residents at the end stage of their lives to facilitate residents to have their families with them at this time.

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):

No actions were required from the previous inspection.

Findings:

There was a policy document available to support staff in all aspects of residents' nutritional and hydration care including percutaneous endoscopic gastrostomy (PEG) feeding and subcutaneous fluid administration procedures. Two residents were in receipt of PEG feeding. Residents' weights were monitored and those identified as at risk of unintentional weight loss or gain had evidence of review and monitoring by the dietetic service. There was one resident with unintentional weight loss who was being closely monitored and was stable at the time of inspection. The inspector spoke with the chef who was aware of and accommodated residents with specific nutritional support needs, support plans and preferences. The chef had copies of the recommendations made by speech and language and dietetic therapy services which she referenced during cooking and meal preparation. Care plans were in place to inform care of residents with nutrition and hydration needs which were satisfactorily linked to monitoring and treatment plans and were evaluated in daily progress notes.

There was satisfactory evidence that residents were provided with adequate fluid and dietary intake to meet their needs on the days of inspection. The inspector found that each resident's individual nutritional and dietary needs were assessed and met and that they were offered a nutritious and varied diet that provided them with choice of a hot dish at each mealtime. Most residents attended the very spacious dining room to eat their meals. The inspector observed mealtimes and saw that those who required assistance received same in a dignified and discrete way by one of six members of staff who were assigned to ensure residents were appropriately assisted if necessary. Many

residents were observed chatting with each other using mealtimes as a social occasion. The menu was clearly displayed and was also placed on the dining tables for residents' convenience. Residents had the option of receiving their meals outside of the scheduled mealtimes as an outcome of a survey completed to gain feedback on their satisfaction with the service. This empowered residents to make decisions about the time they got up in the morning or if they wished to have a snack mid-morning. The kitchen service was available until 19:00hrs each day.

Residents were provided with fresh water in their bedrooms and communal areas. Staff were observed to engage in monitoring and encouraging residents to take fluids which was monitored. .

The dining room was spacious. Residents spoken with told the inspectors that they enjoyed the food provided in the centre. Staff training was in place to inform staff on use of the nutrition assessment tool in assessing and monitoring procedures, food fortification and fluid thickening procedures used. The training records evidenced that most staff had attended food hygiene training in 2014.

Judgment:

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 inspector was satisfied that residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and diverse needs. There were policies available to inform meeting residents' communication needs dated 25 August 2014 and guidelines on communication and care of residents living with dementia. A consent and advocacy policy dated 25 August 2014 was also available. The information in the policies was arranged in algorithm format and the inspector observed the information was comprehensive and informative. The Inspector also observed that residents had a variety of local and national newspapers available to them and some were observed reading them. Residents' confirmed that they had regular visitors and could choose where they would like to meet them.

Information was displayed throughout the centre to inform residents on communication boards at various points There was a residents' communication board where items of

interest to the residents were displayed.

Residents were facilitated to attend a residents' meetings forum chaired by the activity coordinator and was minuted. There was evidence of action taken in response to issues raised by residents at this forum. The inspector observed that residents' views were valued and they were empowered and encouraged to influence decisions on the running of the centre.

There were many examples where residents were encouraged and facilitated to maintain their independence, for example residents who were assessed as able were facilitated to go outside the centre. Residents were aware of the code for exiting the centre and the inspector observed residents enjoying walks along the avenue to the centre. The inspector was told that some residents walked to the local shops independently.

Residents' privacy and dignity needs were observed to be met on the days of inspection with the exception of a three bedded room. The space provided to them between bed screens and their beds did not empower them or ensure they were able to carry out personal care activities in private as described in the centres statement of purpose document. Each resident were not afforded choice of television viewing as one television was available which was not also within view of each resident if another resident's bed screen was closed. The view outside the window was compromised by the location of a large oil tank. This finding is discussed further in outcome 12.

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:

The inspector found that residents had adequate space to store their clothes and personal belongings and could retain control over their personal possessions with the exception of residents in a three bedded room. There was a policy to inform management of residents' personal property and possessions which was up to date. A record of each resident's property was completed on admission but was not updated on some residents' documentation reviewed. Residents clothing was laundered in a purpose built laundry on-site outside the centre premises. Linen collection skips were available

that appropriately segregated used linen in line with the national policy. Residents spoken with told the inspector that their clothing was managed to their satisfaction and reported that they had never lost any items of clothing. The inspector observed that clothing worn by residents and stored in a sample of wardrobes reviewed were in good condition and were clean. Items of residents clothing viewed by the inspector had the residents identification on them.

Residents had access to a locked facility in their bedrooms for secure storage of personal possessions.

Judgment:

Non Compliant - Moderate

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:

The inspector observed that there was good teamwork between staff led out by the person in charge. Residents spoken with were satisfied with all aspects of their care. Staff were regarded as capable and competent by residents spoken with by the inspector. There was evidence of training supporting ongoing professional development for all staff. All staff had attended mandatory training as required. The person in charge monitored staff competency and completed annual appraisal for each staff member.

The inspector observed that the staffing levels on the day of inspection reflected the staff rota. Residents needs were met on the days of inspection as observed by the inspector. The person in charge advised the inspector that staffing levels and skill mix were reviewed on an ongoing basis to ensure the needs of residents were met.

On the last inspection in October 2013, the inspector found that the number of activity staff required review to ensure that residents with specialist needs who remained in the sitting room on the first floor had access to meaningful recreational activities. The inspector found that this action was satisfactorily completed on this inspection with a designated staff member was in place working under the leadership and guidance of the

activity co-ordinator.

On the last inspection in October 2013, the inspector found that there were no domestic staff scheduled at weekends which resulted in an action plan forwarded to the provider requiring review and improvement. This action was satisfactorily completed with domestic staff scheduled on each day of the week. Each resident had an allocated key worker and an equitable dependency level had been allocated to staff on each floor to ensure there was a named staff member designated to ensure the care of each resident each day.

There was one staff employed for laundry duty. She had responsibility for the laundry for this centre and another centre in the group. The inspector reviewed same and found that with the additional hours on Saturdays, residents' clothing was cleaned and available as required.

All staff were adequately supervised on the days of inspection. They were knowledgeable on the needs of residents. Resident call bells were responded to promptly.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
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 report¹

Centre name:	Portiuncula Nursing Home
Centre ID:	OSV-0000084
Date of inspection:	30/09/2014
Date of response:	16/03/2015

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:

While there were management systems in place, some actions to be taken and timescales for completion were not completed to ensure that the service provided was safe, appropriate, consistent and effectively monitored with positive outcomes for residents.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

All audits are now dated, timescales included on action plans and the person responsible for completion.

A corporate audit schedule has been developed by our Practice Development Officer and is now in place.

Proposed Timescale: 16/03/2015

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 personal fee contribution to be paid by residents was not clearly stated as part of the overall accommodation fee for residents availing of the Nursing Home Support Scheme.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The residents' contribution is now clearly stated on page fifteen of our updated contracts of care.

Proposed Timescale: 16/03/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

There was a lack of evidence to support that the policy document advising on protection of vulnerable adults was implemented on an annual basis.

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:

The Elder Abuse Policy is currently in date and is due for review in May 2015. It will be updated annually in the future and as part of the Company policy training on elder abuse will be annual.

Proposed Timescale: 16/03/2015

Theme:

Governance, Leadership and Management

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

The directory of residents did not all required information.

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 Residents' Directory has been updated.

Proposed Timescale: 16/03/2015

Theme:

Governance, Leadership and Management

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

Records to be maintained in respect of each resident as described by the regulations in Schedule 3, Paragraph 4(c) were not adequate.

Action Required:

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

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

Further training will be provided to staff nurses so as to remind them to link the progress notes to the care plans.

Proposed Timescale: 16/03/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Bedrail use was not informed by the national 'Towards a restraint free environment in nursing homes'.

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 Physiotherapist has assessed the use of bed rails and this has led to a reduction in the number being used. There is now a plan in place to continue to reduce the use of bed rails.

Proposed Timescale: 31/07/2015

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:

Actions to be taken to control accidental injury to residents in relation to their supervision needs did not adequately mitigate risk posed to them.

Action Required:

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

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

Any resident who requires supervision will have this action fully documented.

Proposed Timescale: 05/04/2015

Theme:

Safe care and support

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

Potential risks had not been identified, risk assessed and documented with necessary

controls in the risk register as detailed in outcome 8.

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 entrance to the office car park has now been risk assessed and controls put in place.

The Avenue to the Centre has been risk assessed and the controls reviewed.

Residents access to the flower beds at the front door have been risk assessed and controls put in place as necessary.

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 hand hygiene sink was obstructed in the three bedded room and in the sluice on the ground floor. Access to the bedpan disinfection unit was obstructed in the sluice.

Action Required:

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

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

Alternative storage space will be created within the existing building if possible. This will free up access to the sluice room.

Standard 25.42 requires that there is one hand basin per bedroom with a minimum of one hand basin for every two residents in a multiple occupancy room. The three bedded room has two sinks; one in the room itself and one in the attached en-suite.

Proposed Timescale: 16/03/2015

Theme:

Safe care and support

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

There was inadequate documented evidence of simulated night-time drill to ensure

residents could be evacuated safely with the numbers of staff on-duty based on the layout of the centre and the completed risk assessments.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

A simulated night time drill has been carried out and documented in the Fire Register.

Proposed Timescale: 16/03/2015

Theme:

Safe care and support

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

A full length curtain over fire exit 7 which could potentially hinder evacuation of residents if required in an emergency

A linen transportation trolley and two other trolleys were stored in an access corridor which obstructed access to fire exit 4.

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 curtain at fire exit seven and the laundry trolleys have been removed.

Proposed Timescale: 16/03/2015

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:

Two incidents where the fire alarm was activated other than for the purpose of training or testing were not notified as required to the Authority.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

All incidents have been reviewed and future incidents will be notified as required to the Authority.

Proposed Timescale: 16/03/2015

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:

Aspects of the premises did not conform to the needs of residents in terms of adequate of storage for equipment and adequate space for personal possessions in the multioccupancy room.

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 layout of the three-bedded room is currently under review to ensure that the room meets the privacy and dignity of the residents.

The following specific actions will be taken:

- 1) Additional shelving/bookcases will be provided where appropriate.
- 2) An additional TV will be provided.
- 3) The layout of the room will be reviewed to assess if any additional measures need to be taken.

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

The layout and design of a three bedded room did not meet its stated purpose.

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:

The layout of the three-bedded room is currently under review to ensure that the room meets the privacy and dignity of the residents.

The following specific actions will be taken:

- 1) Additional shelving/bookcases will be provided where appropriate.
- 2) An additional TV will be provided.
- 3) The layout of the room will be reviewed to assess if any additional measures need to be taken.

Proposed Timescale: 31/07/2015

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:

The layout of the beds was side by side, within close proximity to each other did not facilitate residents to undertake personal activities in private.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The layout of the three-bedded room is currently under review to ensure that the room meets the privacy and dignity of the residents.

The following specific actions will be taken:

- 1) Additional shelving/bookcases will be provided where appropriate.
- 2) An additional TV will be provided.
- 3) The layout of the room will be reviewed to assess if any additional measures need to be taken.

Proposed Timescale: 31/07/2015

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 could not maintain full control of their clothing.

Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

The layout of the three-bedded room is currently under review to ensure that the room meets the privacy and dignity of the residents.

The following specific actions will be taken:

- 1) Additional shelving/bookcases will be provided where appropriate.
- 2) An additional TV will be provided.
- 3) The layout of the room will be reviewed to assess if any additional measures need to be taken.

Proposed Timescale: 31/07/2015

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 personal space to display their personal possessions.

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 layout of the three-bedded room is currently under review to ensure that the room meets the privacy and dignity of the residents.

The following specific actions will be taken:

- 1) Additional shelving/bookcases will be provided where appropriate.
- 2) An additional TV will be provided.
- 3) The layout of the room will be reviewed to assess if any additional measures need to be taken.

Proposed Timescale: 31/07/2015

