<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Queen of Peace Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000379</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Churchfield, Knock, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 938 8279/ 094 938 8659</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:queenofpeacecare@gmail.com">queenofpeacecare@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>MMM Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Gerard Meehan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Lorraine Egan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Nan Savage</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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</tbody>
</table>
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: 24 June 2014 10:00  
To: 24 June 2014 17:35  
From: 25 June 2014 07:00  
To: 25 June 2014 17:30

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

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<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Contract for the Provision of Services</th>
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<td>Outcome 03: Suitable Person in Charge</td>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 05: Absence of the person in charge</td>
<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection

As part of the inspection inspectors met with the provider, person in charge, residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files. An inspector also reviewed resident and relative questionnaires submitted to the Authority.

On the days of inspection 27 residents were residing in the centre and one resident was in hospital. The centre catered for residents with varying levels of dependencies and offered respite breaks as well as long term care.
While there was evidence of some good practice, significant improvements were required 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. Non-compliances were found across all 18 outcomes and inspectors issued five immediate actions. These actions related to the hours worked by the person in charge which were not fulltime, medication management, the use of restraint in the centre, the temperature of water which posed a risk of scalding and fire exits which were blocked. Four of the immediate actions were addressed within 24 hours and the outstanding immediate action in regard to the position of person in charge not being fulltime is included in the action plan at the end of the report under Regulation 15 (2).

Other areas which required significant improvement included health and safety and risk management, recording of incidents and informing the person in charge of incidents, food and nutrition and the premises.

The findings are discussed further in the report and improvements required with the provider's response are included in the Action Plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector viewed a copy of the centre's Statement of Purpose and found that it did not meet the requirements of the Regulations. The name of the person in charge was incorrect and also it did not include her professional registration of the person in charge, the type of nursing care to be provided, the arrangements made for consultation with the residents about the operation of the centre and the conditions attached by the Chief Inspector to the registration of the centre. In addition, the Statement of Purpose did not accurately describe the services provided in the centre, for example the provision of the service to residents over the age of 60 was found to be inaccurate.

**Judgment:**
Non Compliant - Moderate

**Outcome 02: Contract for the Provision of Services**

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:**
Leadership, Governance and Management

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

**Findings:**
An inspector viewed a sample of residents' contracts for the provision of service. The inspector found that contracts were in place for residents living in the centre on a long term basis.
Although the contracts viewed outlined the services to be provided, some services were not specific to each resident. In addition, the contracts did not clearly set out the fees being charged.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspectors found the governance structure was not clearly defined as there was a lack of clarity in regard to who was the person in charge and the role was not filled in a fulltime capacity.

The director of nursing post in the centre was vacant. Information submitted to the Authority by the provider stated the assistant director of nursing was the person in charge of the centre until such time as the director of nursing post was filled. At the start of the inspection the assistant director of nursing stated she was not the person in charge of the centre. The assistant director of nursing later said she fulfilled the role of person in charge two days per week. The provider stated he was recruiting a full time director of nursing who would be the person in charge of the centre on a permanent basis.

The person in charge had a minimum of three years experience in the area of nursing of the older person within the previous six years and she demonstrated clinical knowledge. Throughout the inspection the person in charge demonstrated a good knowledge of the residents and their requirements. She was committed to her role and had maintained her continuous professional development. She demonstrated her competence in relation to clinical issues, for example she had implemented measures to address residents' unintentional weight loss.

Inspectors were concerned that the centre did not have a full time person in charge and that the role was not being carried out in line with the notification to the Authority of the deputising arrangements. Following the inspection an immediate written action was issued to the provider to appoint a full time person in charge of the centre as required in the Regulations. The provider promptly responded to state that the assistant director of
Judgment:
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 04: Records and documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 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) 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 2009 (as amended).</td>
</tr>
</tbody>
</table>

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found the designated centre had the written policies as required by the Regulations and records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. However, improvements were required to the Directory of Residents, Residents Guide, guidance to staff and staff understanding of policies and the implementation and review of policies.

Improvement was required to address inappropriate terminology used in policies to guide staff in the nutrition of residents. For example, residents requiring assistance with meals were referred to as 'feeders' by a number of staff members. In addition, some policies and assessments referred to residents who required assistance with meals as requiring 'feeding' and bed rails were referred to as 'cot sides'.

The Directory of Residents did not contain all items specified in the Regulations, for example the telephone number of the residents' next of kin and the address and telephone number of the residents' general practitioners (GP) were not evident for all entries. In addition, the name and address of the organisation which arranged the transfer of the resident to the centre was not included for some residents.

Information provided in the Residents Guide was inconsistent with practices in the centre. For example, the provision of activities, staffing, the contracts for the provision of services and the complaints procedure were inconsistent with the practice in the centre and related policies and procedures.
Improvements were required to staff understanding of policies and many policies were inconsistent with practice in the centre. The person in charge told inspectors that the policies outlined the centre's intended practice rather than the practice in the centre.

Improvements were required to the documentation of the use of restraint in the centre as documentation was not being maintained of any occasion on which a restraint was used, the nature of the restraint, release times and its duration.

**Judgment:**
Non Compliant - Major

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**Outcome 05: Absence of the person in charge**

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

**Theme:**
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**
The provider had notified the Authority that the person in charge had resigned from her position. However, this notification had been submitted on the day the person in charge ceased employment in the centre. The provider told the inspectors he was not aware of the requirement to notify the Authority of the proposed absence of the person in charge one month prior to the expected absence of the person in charge.

The arrangements in place for the management of the centre in the absence of the person in charge were not adequate and not consistent with the notification submitted to the Authority.

**Judgment:**
Non Compliant - Major

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**Outcome 06: 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.

**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:
An inspector found that the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse however, some improvement was required to the policy and procedure for safeguarding residents’ money and prevention, detection and response to allegations of abuse.

There was a policy in place and procedures for the prevention, detection and response to abuse. The policy required improvements as it referred to allegations of abuse as complaints. The policy required improvement to the flow chart outlining the process regarding allegations of abuse as it did not provide adequate or clear guidance.

Staff spoken with were clear on the measures they would take if they suspected abuse or if they received an allegation of abuse. Residents said they felt safe in the centre and said they would speak with staff or the person in charge if they had a concern.

An inspector found that although measures were in place to ensure residents' valuables were safeguarded, improvements were required to the documentation. The balance relating to one resident was inconsistent with the record maintained.

The procedure for storing valuables in the absence of the person in charge or the provider was not adequate as the press for storing medications which required strict control measures was also inappropriately being used to store valuables. This is discussed further under Outcome 8.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

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

Findings:
While some measures had been taken to promote the health and safety of residents, visitors and staff, improvements were required to risk management, fire safety and staff knowledge. The level of risk identified by the inspectors in relation to fire safety in the centre resulted in an inspector issuing an immediate action to the provider and person in charge. In addition, inspectors were concerned that the centre did not have written
confirmation from a competent person that all the requirements of the statutory fire authority have been complied with in respect of the first floor area of the building.

Risk Management
The centre had up to date policies and procedures in relation to health and safety. An inspector viewed the risk management policy and noted it required improvement as it did not specify the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Although the risk register identified a range of potential risks, some improvements were required as risks identified by an inspector were not evident in the register. For example, risks in relation to residents accessing the external grounds were not documented. In addition, control measures identified for some risks were not effective, for example, thermostatic valves did not sufficiently control the water temperature. This is discussed further under Outcome 12. Furthermore, improvement was required to the identification of risks in the centre as the risk register did not include risks in relation to infection control, obstructions and water temperature.

An inspector identified risks which were not identified by staff, for example, a bedside locker partially obstructing the door to an en suite bathroom, the water was a high temperature in resident showers and there were loose trailing cables in some rooms.

Emergency Procedures
There was an emergency procedure in place, however, improvements were required as it was not centre specific. It stated that one staff member would attend to residents on the first floor of the centre and inspectors found that residents did not have access to the first floor of the centre. In addition, it did not specify the transport which would be used in the event of an evacuation of the centre.

Infection Control
Although the centre had measures in place such as the use of personal protective equipment, hand sanitisers in place throughout the centre and new cleaning equipment, improvements were required to the storage of cleaning equipment, provision of paper towels for staff and the carpet in the centre. An inspector noted that cleaning equipment was stored in a sluice room. This had not been identified as a risk in relation to infection control. Some rooms did not contain paper towel dispensers beside wash hand basins. The person in charge told an inspector that staff would use a paper towel dispenser located on the corridor.

Fire Safety
Records showed that fire equipment, emergency lighting and the fire alarm system had been serviced. An inspector viewed staff training records and noted that all staff had received training in fire prevention and had participated in fire drills in the centre.

Measures to ensure the safe exit of the building in the event of a fire included the individual assessment of residents needs including the use of equipment such as evacuation sheets.

Improvements were required to the exits from the building and exit from the enclosed
garden in the event of a fire. The inspectors noted the fire exit in the oratory was blocked and this was brought to the immediate attention of the provider who stated that this exit was not used as an exit. However, the emergency lighting over this door and the identification of this exit on the floor plan of the centre indicated that this was a fire exit. Although this was brought to the attention of the provider the exit remained blocked throughout the two days of the inspection. An inspector issued an immediate action to the provider to remove the item blocking this exit and an inspector received an email the day after the inspection to state that the exit was no longer blocked.

An inspector found the provider and person in charge were unable to open the gate to exit the internal garden as the lock would not open. An inspector issued an immediate action to the provider to resolve this to ensure residents could safely exit the garden in the event of an emergency. An inspector received an email the day after the inspection which stated that a new lock had been fitted to the gate.

Moving and Handling
Training records showed that staff had received training in safe moving and handling from a trained instructor in moving and handling and inspectors observed her supervising staff practices throughout the inspection. Resident moving and handling assessments were evident in resident files.

Judgment:
Non Compliant - Major

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**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

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

**Findings:**
While some measures had been implemented to ensure residents were supported by appropriate medication management significant improvements were required.

A sample of residents’ drug prescription sheets were viewed. Some prescription sheets did not specify the maximum dose of PRN (as required) medications, the route of administration was not recorded for all medications and some PRN medications were recorded under daily medications on the prescription sheets and vice versa. In addition, some prescription sheets contained medications which differed from the medication administered to the resident and this had not been identified by the person in charge or the nursing staff.
An immediate action was issued in relation to a PRN medication which was prescribed in the event of a medical emergency. A resident's drug prescription sheet did not provide sufficient information regarding the administration of this medication. The person in charge and staff nurse spoken with were unaware of the procedure in relation to this medication. The person in charge responded immediately and this risk was resolved on the day of the inspection.

There was documented evidence that medication was reviewed by a general practitioner (GP) on a regular basis and that residents had access to a GP as required.

The administration of medication to residents was observed by an inspector a number of times during the inspection. The nurse administering medication signed the drug recording sheet contemporaneously. A red apron was worn by nursing staff to indicate that she was engaged in the administration of medication. However, the nurse engaged in the administrating of medication left her medication round had to assist a resident to sit in the absence of other staff being present in the day room. This negated the use of the red apron worn by nursing staff administering medication.

An inspector viewed the centre's medication policy and found staff nurses were not sufficiently knowledgeable of the policy. While the policy stated that nurses transcribe medication the staff nurse spoken with told the inspector that nurses did not transcribe medication. In addition, the policy required clarification in relation to the practice of double checking medication which requires strict control measures by care assistants in the centre as it did not clearly identify this practice which was taking place.

The arrangements for residents to self administer medications were viewed. A staff nurse initially stated that none of the residents were self administering medications, however, she later stated that some residents self administer medications. An inspector viewed the residents' self administering assessments dated June 2014 and found them to be adequate.

The arrangements for storing medication were viewed by an inspector. Although a specific medication storage method was used not all medications were being stored in line with the method. In addition, an inspector noted the storage of some medications which required strict control measures was compromised as the package was damaged. Although these medications were being counted twice daily by nursing staff this had not been identified as an issue. This was brought to the immediate attention of the person in charge.

The recording of medication errors and near misses were reviewed. These records showed that nursing staff had identified medication errors in the packing of the medication prior to administering to residents and that errors had been avoided. The person in charge had responded by implementing measures to ensure the medication in the pharmacy packs were checked on arrival in the centre and following further identification of errors had arranged for the pharmacist to attend the centre on a monthly basis to check the medication with the centre's nursing staff. The inspectors observed that this system was working as a similar medication near misses had been identified by staff nurses following the implementation of these measures.
An inspector viewed the arrangements for the disposal of medication and noted that the centre had recently introduced a medication disposal container for storing medications which required disposal. A nurse spoken with stated that the contents of the container would be returned to the pharmacy for disposal.

Medication audits were being carried out by nursing staff and some measures had been implemented in relation to issues identified. However, issues identified by an inspector had not been identified in the audits and some audits identified issues which had been previously identified and had not been resolved. For example, three consecutive audits identified the requirement for a new pharmaceutical reference book and two consecutive audits identified an issue in relation to medication not being counted by nursing staff prior to new medication stock being received by the centre. There was no evidence that findings from audits were being consistently resolved and no evidence that these findings were reviewed by the person in charge.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Improvements were required to the recording of incidents and accidents and subsequent notification to the Chief Inspector.

An inspector viewed information pertaining to incidents which had occurred in the centre. It was noted that some of them were not documented in the log of incidents and accidents. Furthermore, the person in charge stated she had not been made aware of these incidents and therefore the incidents would not have been reported to the Authority in quarterly reports as required.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Reviewing and improving the quality and safety of care**
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**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:**
An inspector viewed the system for reviewing and monitoring the quality and safety of care and the quality of life of residents in the centre. A range of audits had been carried out since the previous inspection in August 2013. However, while learning had been identified and responded to in relation to some audits, improvements were required as many audits had been carried out with no follow up to ensure actions identified were implemented. In addition, there was no evidence that audits were being used to improve the quality and safety of care and quality of life of residents and some audits were not centre specific and contained reference to items which were not in use in the centre.

An audit was carried out in relation to the incidences of falls in the centre in 2013. However, there was no evidence this information was used to identify trends or implement measures to reduce the incidences of falls. In addition, there was no evidence that the audit had been reviewed by the person in charge.

An audit had been carried out in relation to continence, bladder and bowel care. While this audit clearly identified a number of areas requiring improvement, actions had not been identified following this audit and measures had not been implemented as a result of the audit.

There was no evidence that residents and their representatives had been consulted with in relation to the system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre. In addition, the provider had not made a report available to residents in respect of the audits carried out in the centre.

**Judgment:**
Non Compliant - Moderate

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

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

**Findings:**
An inspector viewed a sample of residents care plans and found significant improvements were required. Some care provided was inconsistent with care plans and some care plans and assessments had not been reviewed and kept up to date in line with residents' changing needs. In addition, inspectors were concerned the use of restraint in the centre was not in line with national policy and staff and the person in charge did not have adequate knowledge to support residents and ensure the safety of residents.

**Healthcare**
There was evidence that residents had access to general practitioner (GP) services and some allied health professionals as required. However, improvements were required to some residents' access to allied health professionals as residents who had been assessed by speech and language therapy services as requiring modified consistency diets had not been reviewed when the resident declined to eat the recommended diet. In addition, services identified in the centre's policies as provided were not being provided, such as oral health assessments for residents.

**Care Plans**
An inspector viewed a sample of residents' care plans and found some care plans required significant improvements. Care plans contained generic interventions and were not updated in line with residents' changing needs. For example, some care plans identified the use of mobility aids which was not accurate as residents' needs had changed. Although risks such as falls had been assessed and there was evidence that these were updated following a fall, these assessments required improvement as the interventions identified were generic and were not specific to residents' individual needs. There was no system in place to assess residents' skin integrity or risk of developing pressure ulcers. In addition, wound assessments required improvement as some care plans contained differing information in relation to the required frequency of wound dressing.

There was no evidence that residents had been involved in the review of their care plans.

**Use of restraint**
An inspector viewed the management of restraint in the centre and was concerned that the person in charge and staff spoken with did not have adequate training and guidance.

Assessments for the use of bed rails were not adequate and there was no evidence these were reviewed. In addition, some residents with bed rails in situ on the day of inspection had not been assessed for the use of bed rails. Residents at risk of climbing
over bed rails were using bed rails on a nightly basis and documentation viewed showed that residents with bed rails in situ had been found by staff in the en suite bathroom. In addition, assessments viewed did not assess residents' risk of entrapment.

The centre's policy on restraint did not have a date and signature to indicate it had been approved or reviewed and implemented.

An inspector issued an immediate action in relation to the management of restraint in the centre and the provider responded the day after the inspection to state that the use of restraint in the centre was being reviewed and that low low beds and crash mats had been put in place for some residents. In addition, the provider stated that training would be provided for all staff.

Behaviour that challenges
Although some residents had assessments in place there was inconsistent documentation to verify if the interventions identified were taking place. For example, some care plans identified frequent staff observation as an intervention and there was insufficient documented evidence of this taking place. In addition, the centre's policy was not fully implemented as documentation was not completed consistently.

Provision of activities
There was an activities coordinator who volunteered in the centre three days per week. Activities taking place included bingo, exercise class, basketball, bowling and Sonas. A movie night took place on a weekly basis and gardening and music sessions were available for residents to partake in. Residents spoken with said they enjoyed the activities. However, there was no evidence of organised activities for residents on the other four days.

**Judgment:**
Non Compliant - Major

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**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

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

**Findings:**
The centre was a one storey building which had been converted to include rooms in the first floor dormer space. Residents' bedrooms and facilities were located on the ground floor and staff offices, a staff room and storage space was located on the first floor. In
addition, the centre included two day rooms, a dining room, an oratory, a nurses' station, bathrooms for resident use, a laundry room and sluice rooms. However, the centre did not have a room available for residents to meet with visitors in private.

Enclosed garden space included seating for residents and two polytunnels which the provider stated intended to be used by residents who wished to plant and grow flowers and vegetables. Improvement was required to the access to the polytunnels as the ground was uneven. On both days of the inspection residents availed of the seating in the garden and residents spoken with stated they enjoyed sitting in the garden.

Bedrooms were clean and were furnished adequately. One single bedroom did not comply with the Regulations in regard to the requirements of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 25 of the National Quality Standards for Residential Care Settings for Older People 2009. There was limited space in this bedroom for manoeuvring assistive equipment if required. The provider stated he had a plan to address this. The screening in some shared bedrooms was not adequate to allow residents to undertake activities in private.

There was a call bell system in place throughout the centre. However, some twin bedrooms did not contain a call bell for both occupants. This was noted in bedrooms which were used by one resident only. The provider stated this would be addressed prior to the admission of a second resident to these bedrooms.

There were an adequate number of bathrooms and toilet facilities for residents. An inspector found the temperature of the water to some wash hand basins and some showers posed a risk of scalding to residents. This was brought to the immediate attention of the provider on the first day of the inspection and he stated this would be addressed immediately. However, on the second day of the inspection the water temperature was tested by an inspector and was found to still pose a risk of scalding. The inspector issued an immediate action to the provider to resolve this and the inspector received an email from the provider the day after the inspection, which stated that measures had been implemented to address this including the fitting of a new thermostatic valve and increased monitoring of the water temperature.

Improvement was required to the storage of assistive equipment in the centre. Storage facilities used included a bathroom which rendered the bathroom as not accessible for residents. In addition, the provider told an inspector that assistive equipment was stored in the corridor while this bathroom was in use. This had not been assessed as a risk by the provider or person in charge. Other storage facilities used included a shower room which was used to store a hoist and wheelchairs were stored under the stairs and were blocking some fire prevention equipment.

An inspector found that some parts of the centre were not cleaned to an adequate standard, for example some flooring in the centre required improvement as stains were evident on the carpet on the corridor and staff spoken with stated they could not recall when the carpet was last cleaned. The provider stated he had not arranged for the carpet to be cleaned as he intended to replace the carpet when he had completed renovating some en suite bathrooms. In addition, significant improvement was required
to the cleanliness of the kitchen. The chef stated that the care assistant working at night were responsible for deep cleaning the kitchen. An inspector spoke with a care assistant who was working the night shift and noted that there was insufficient time for the care assistants to complete these cleaning duties along with attending to resident needs.

**Judgment:**
Non Compliant - Major

### Outcome 13: Complaints procedures

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

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

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

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

**Findings:**

An inspector reviewed the complaints procedure and the management of complaints in the centre and found the systems in place for managing complaints required improvement. In addition, improvements were required to the policy on complaints and to some documentation.

The log detailing complaints received in the centre was viewed. Complaints received were inconsistent with information submitted to the Authority. The provider told an inspector that the information submitted as part of the application to register the centre was incorrect.

Improvements were required to the recording of complaints in the centre. Some records viewed did not contain the name of the person making the complaint and did not state whether or not the complainant was satisfied with the outcome. In addition, there was no evidence that complainants had been informed of the right to appeal.

The policy on complaints required improvement. An inspector found aspects of the policy were inconsistent with practice in the centre, for example the policy stated that details of complaints were recorded in resident records. Staff roles identified in the policy differed from staff roles in the centre, for example the policy referred to the nurse manager, deputy nurse manager and operations manager. In addition, the policy stated that the complaints data would be analysed twice per year and this had not taken place.

There was no independent person specified with a monitoring role to ensure that complaints were responded to and records maintained. This had been identified on the previous inspection and the provider had not addressed this as per his previous action plan response.
A condensed version of the complaints process was on display in the foyer. However, an inspector found that it was located in an elevated position which made it difficult for residents to read.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
An inspector viewed the procedures in place for supporting residents at end of life and found that improvements were required to end of life care plans to ensure that the care provided at end of life was in line with residents' wishes.

The centre had a comprehensive policy on end of life.

A sample of residents' end of life care plans were viewed and an inspector found that a small number of residents care plans had a comprehensive assessment of their end of life wishes. The person in charge told an inspector that this end of life care plan was new to the centre and had not been completed for all residents. The remainder of end of life care plans viewed did not contain resident end of life wishes and were not adequate to ensure residents' needs and wishes at end of life would be fulfilled. This is actioned under Outcome 11.

**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:
An inspector found that residents were offered a nutritious and varied diet, which included a choice of meals which were provided in a bright, warm, suitably decorated dining room. However, improvements were required to some assistance offered to residents at mealtimes, the menu on display, documentation, the provision of meals consistent with residents assessed requirements and the policy on nutrition.

Throughout meals the chef offered residents a choice of meals and sauces and interacted with residents. While most staff interacted and spoke with residents some staff did not interact with residents while offering assistance.

An inspector viewed the menu and noted that it was a rolling two weekly menu which had been devised in conjunction with a dietician. While the menu was displayed on the notice board in the dining room the writing font size was small and therefore difficult to read.

Some residents were assessed as requiring a modified consistency diet. An inspector observed some residents receiving a diet which was not consistent with their assessed needs. The person in charge stated that some residents would not eat the assessed modified consistency diet and requested food which was not consistent with the assessment. However, there was no evidence of clinical input in relation to this. This was discussed and actioned under Outcome 11.

Some care plans viewed showed that residents were weighed on a weekly basis and that residents’ risk of malnutrition was assessed utilising a validated tool. However, improvement was required as some assessments were not updated when required.

Food intake was recorded for residents where required, however, improvement was required as these were not consistently kept up to date.

Residents spoken with said they enjoyed their lunch and stated that it was served at an adequate temperature. Inspectors sampled the food and found it was flavoursome, suitably heated and nicely presented.

The policy on nutritional management was inconsistent with practice in the centre.
Although the policy stated that residents' receive oral health assessments these were not evident in resident care plans. In addition, the policy stated that residents at risk of malnutrition would be assessed monthly utilising a validated tool and this was not evident in practice. Furthermore, language in the policy required improvement.

An inspector visited the kitchen and spoke with the chef. There were plentiful supplies of fresh and frozen food which were stored appropriately. Food items included home baking and items suitable for residents with specific dietary needs.

**Judgment:**
Non Compliant - Moderate

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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.

**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:**
While inspectors were satisfied that most staff treated residents with dignity and respect, some improvement was required to terminology used by some staff as highlighted under Outcome 4, arrangements for residents to meet with visitors in private and screening in shared bedrooms.

There was insufficient screening in shared bedrooms to ensure residents had privacy to undertake personal activities. This was brought to the attention of the provider who stated that this would be addressed.

Visiting times were not restricted and inspectors observed visitors in the centre on both days of the inspection. However, the centre did not have a room available for residents to meet visitors in private as discussed under Outcome 12.

An inspector noted that residents' spiritual and religious needs were catered for. Mass was celebrated on a weekly basis and some residents said the rosary together on a daily basis. An inspector observed residents who were supported to go on outings to the local church and village and there was evidence of well established community links.

A sample of the minutes of the resident committee meetings were reviewed. An inspector noted that these meetings had been set up following the previous inspection which took place in August 2013. Minutes showed a wide range of items were discussed.
including activities and meals and included the identification of feedback from residents to the provider.

**Judgment:**  
Non Compliant - Moderate

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**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:**  
While an inspector was satisfied residents had sufficient storage and that there were adequate facilities for the laundering of residents' clothing, some improvements were required to residents’ property lists.

Residents had sufficient storage for storing personal belongings including lockable storage facilities. Laundry facilities viewed by the inspector were found to be adequate. There were systems in place for the laundering and return of residents' clothing which were labelled with the resident's name.

Some improvements were required to residents’ property lists as while these were completed on resident's admission to the centre not all property lists reviewed had been kept up to date.

**Judgment:**  
Non Compliant - Minor
Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

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

Findings:
An inspector viewed the staff rota and was satisfied it was an accurate reflection of staffing levels in the centre. Staffing levels had been assessed utilising a validated tool based on resident dependency levels. However, improvements were required to the role of the person in charge and the allocation of staff in the centre to ensure residents were appropriately supported at all times. Furthermore, improvements were required to housekeeping staffing levels as the arrangement for cleaning the kitchen at night was not adequate.

The person in charge was not full time and was not engaged in the supervision of staff on a regular basis. In addition, the person in charge was not involved in determining staffing levels, skill mix or the allocation of staff in the centre. An inspector found that improvements were required to the allocation of staff in the centre as there was inadequate supervision of residents in the communal day rooms. The inadequate supervision resulted in a resident being supported by nursing staff while the nurse was completing a medication round. In addition, an inspector was concerned that a resident was not supported in relation to their assessed seating requirement. This was brought to the immediate attention of the provider but was not addressed and the inspector subsequently brought this to the attention of the provider's wife who addressed the situation.

There were inadequate staffing levels to ensure tasks such as cleaning the kitchen were completed to an adequate standard as discussed under Outcome 12.

An inspector was concerned that staff were not specifically allocated to the supervision of the communal day rooms. The provider stated that all care staff on duty shared responsibility of supervising residents in the communal day rooms. However, an inspector noted the supervision of residents in a communal day room did not ensure that required support was being provided to residents on a continual basis. Residents were left unattended and unsupervised at times.

Improvements were required to the staff rota as abbreviations were used on the rota and there was no indication as to their meaning and therefore the roster was unclear.
A sample of staff files were reviewed. The files required improvement as they did not contain all items required in the Regulations, for example a full employment history was not evident in all files.

Staff training records were viewed and the staff training matrix showed that staff received training relevant to their role in the centre along with mandatory training in fire prevention and moving and handling.

There was one volunteer in the centre. Although the volunteer had Garda Síochána vetting her roles and responsibilities were not set out in a written agreement and she was not receiving supervision.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<table>
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<th>Centre name:</th>
<th>Queen of Peace Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000379</td>
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<tr>
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<td>24/06/2014</td>
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<tr>
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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:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose did not include all matters listed in Schedule 1 of the Regulations.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
### Please state the actions you have taken or are planning to take:
The statement of purpose will be updated to include all matters listed in schedule 1.

### Proposed Timescale: 01/10/2014

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Statement of Purpose did not reflect the change of person in charge of the centre.

**Action Required:**
Under Regulation 5 (3) you are required to: Keep the Statement of purpose under review.

**Please state the actions you have taken or are planning to take:**
The statement of purpose has been updated to reflect the recent change in our PIC.

### Proposed Timescale: 15/08/2014

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Statement of Purpose stated that the centre catered for residents over 60 years and this was inconsistent with the age range in the centre.

**Action Required:**
Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

**Please state the actions you have taken or are planning to take:**
The statement of purpose will reflect the correct age group of our intended residents.

### Proposed Timescale: 01/10/2014

**Outcome 02: Contract for the Provision of Services**

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The contracts did not clearly set out the fees being charged and some services outlined in the contracts were not specific to each resident.

**Action Required:**
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Please state the actions you have taken or are planning to take:**
Resident contracts are currently being reviewed. We will have them signed by residents/families by 15/10/2014.

**Proposed Timescale:** 15/10/2014

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**Outcome 03: Suitable Person in Charge**

**Theme:**
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The role of Person in charge was not full time.

**Action Required:**
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

**Please state the actions you have taken or are planning to take:**
A full time PIC has now been appointed.

**Proposed Timescale:** 17/08/2014

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**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:**
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information provided in the Residents Guide was inconsistent with practices in the centre.

**Action Required:**
Under Regulation 21 (1) you are required to: Produce a residents guide which includes
Please state the actions you have taken or are planning to take:
The resident register will be updated.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The Directory of Residents did not contain all items specified in Schedule 3 paragraph (3) of the Regulations.

**Action Required:**
Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Please state the actions you have taken or are planning to take:
The resident register will be updated and maintained to contain all matters listed under regulation 23 (2).

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records were not maintained of every occasion on which a restraint was used, the nature of the restraint, release times and its duration.

**Action Required:**
Under Regulation 25 (1) (e) you are required to: Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

Please state the actions you have taken or are planning to take:
Records pertaining to the use of restraint will be maintained and recorded in line with regulation 25(1) by 15/08/2014.
All nurses and care assistants will also receive training in the use of restraint, this is to take place on 19/09/2014.

**Proposed Timescale:** 15/08/2014

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some policies in the centre were not fully in operation and practices were inconsistent with many policies.

**Action Required:**
Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

**Please state the actions you have taken or are planning to take:**
All schedule 5 polices will be updated and put into practice.

**Proposed Timescale:** 01/10/2014

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**Outcome 05: Absence of the person in charge**

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had not notified the Authority that the person in charge had resigned from her position one month prior to the expected absence of the person in charge.

**Action Required:**
Under Regulation 37 (2) you are required to: Ensure that any notice provided under Regulation 37 (1) is given no later than one month before the proposed absence commences or within a shorter period as agreed with the Chief Inspector, except in the case of an emergency, specifying the length or expected length of the absence and the date of leaving and date of expected return.

**Please state the actions you have taken or are planning to take:**
The provider is now aware of his obligation to notify the authority one month prior to the absence of the PIC.

**Proposed Timescale:** 15/08/2014
### Outcome 06: Safeguarding and Safety

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy on the prevention, detection and response to abuse did not provide adequate clear guidance.

The procedure for storing valuables was not adequate.

**Action Required:**
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
The policy on the `prevention, detection and response to abuse` referring to abuse allegations as complaints has now been updated, the flow chart contained on the same policy has also been edited to allow clear, interpretation of the required steps.

The storage of valuables in the absence of the PIC or manager has been reviewed and the policy updated as necessary.

**Proposed Timescale:** 15/08/2014

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**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedure pertaining to the storage of residents' monies required improvement.

**Action Required:**
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
All resident monies are now accurately and promptly maintained.

**Proposed Timescale:** 15/08/2014
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<th>Theme: Safe Care and Support</th>
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**Outcome 07: Health and Safety and Risk Management**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not specify the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

**Action Required:**
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Whilst under review the risk management policy will be updated to include the identification, recording, investigation and learning from serious/untoward incidents.

**Proposed Timescale:** 14/09/2014

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All risks were not documented in the risk register, such as, risks in relation to residents accessing the external grounds and infection control and prevention. Cleaning equipment was stored in a sluice room.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
The risk management policy has been updated and will cover the identification, assessment and precautions taken. All areas will be reassessed and the risk register updated accordingly to address priority issues.

**Proposed Timescale:** 14/09/2014

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
A comprehensive risk management policy was not implemented throughout the designated centre.

All risks had not been identified by staff.

**Action Required:**
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
A comprehensive risk management policy will be implemented throughout the centre.

**Proposed Timescale:** 01/10/2014

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There emergency procedure was not centre specific.

**Action Required:**
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
All emergency procedures within the home have been reviewed.
The policies are centre specific and give clear guidelines.

**Proposed Timescale:** 29/08/2014

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider and person in charge were unable to open the exit from the enclosed garden.

**Action Required:**
Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

**Please state the actions you have taken or are planning to take:**
The locks in question which on the day of inspection would not open have now been replaced and will be maintained to allow for a quick exit in the case of emergency.
Proposed Timescale: 26/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with in respect of the first floor area of the building.

Action Required:
Under Regulation 32 (1) (f) you are required to: Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Please state the actions you have taken or are planning to take:
The first floor area of the building is currently awaiting approval from the statutory fire authority. All relevant documentation has been submitted. Documentation has also been provided to the authority (HIQA) from a competent person stating the office space located on the first floor poses no risk in relation to the safety of the ground floor or indeed its residents.

Proposed Timescale: 31/10/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A nurse engaged in the administrating of medication had to leave her medication round to assist a resident in the unsupervised day room.

The medication policy was not consistent with practice in the centre and staff nurses were not sufficiently knowledgeable of the policy.

A resident’s drug prescription sheet did not provide sufficient information regarding the administration of a PRN (as required) medication and the person in charge and staff nurse were unaware of the procedure in relation to this medication.

Some prescription sheets did not specify the maximum dose of PRN medications and the route of administration of medications.
PRN medications were recorded under daily medications on some prescription sheets and vice versa.

Some prescription sheets contained medications which differed from the medication administered to the resident.

Some medications were not being administered in line with the specific medication storage method used by the centre which negated the usefulness of the method.

The storage of some medications which required strict control measures was compromised as the package was damaged.

The implementation of measures in response to near misses were not sufficiently effective as further near misses in relation to medication had been identified following the implementation of these measures.

There was no evidence that findings from audits were being consistently resolved and no evidence that these findings were reviewed by the person in charge.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
The medication policy and procedures in place within the home will be reviewed by the new PIC in line with regulation 33(1). All points addressed on the day of inspection will be reviewed and assessed accordingly and staff provided training where necessary in line with best practice.

**Proposed Timescale:** 26/08/2014

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**Outcome 09: 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:*
Some incidents which had occurred in the centre were not documented in the log of incidents and accidents and the person in charge stated she was not aware of these incidents.

**Action Required:**
Under Regulation 36 (1) you are required to: Maintain a record of all incidents occurring in the designated centre.
Please state the actions you have taken or are planning to take:
All incidents and accidents in the home will be documented accordingly and reported to the PIC going forward.

Proposed Timescale: 26/06/2014

**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some audits were not being used to improve the quality of care at, and the quality of life of residents in the designated centre.

**Action Required:**
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

**Please state the actions you have taken or are planning to take:**
All audits will be reviewed and findings will inform improvements to enhance the quality and safety of care in our centre.

Proposed Timescale: 01/11/2014

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that residents and their representatives had been consulted with in relation to the system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre.

**Action Required:**
Under Regulation 35 (3) you are required to: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

**Please state the actions you have taken or are planning to take:**
Procedures currently in place for the consultation with residents will be reviewed and practice adjusted accordingly to ensure residents are their families are consistently consulted in relation to reviewing and improving the quality and safety of care, and the quality of life for residents.
Proposed Timescale: 01/11/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not made a report in respect of the audits carried out in the centre and therefore was not available to residents.

Action Required:
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Please state the actions you have taken or are planning to take:
The provider will make a report in the respect of audits carried out in the centre and make it available to residents.

Proposed Timescale: 01/11/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited availability of activities for residents on the days of the week when the activities coordinator did not work.

Action Required:
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:
The activities coordinator is now employed on contract as a permanent employee of the home with the title of activities coordinator, She will work 3 days a week 4 hours a day to compliment activities already taking place within the home.

Proposed Timescale: 18/08/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
There was no evidence that residents had been consulted with regarding the review of their care plan.

Action Required:
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
All care plans will in accordance with regulation 8 (2) be revised in consultation with residents. This has already commenced. Going forward this will be reviewed at intervals not exceeding 4 months.

Proposed Timescale: 01/11/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not always updated in line with residents’ changing needs.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
All care plans will be reviewed and assessed by the new PIC.
In line with regulation 8 (2) (b) each residents care plan will be kept under formal review in line with the residents changing needs, with the consultation of residents and their families where appropriate.

Proposed Timescale: 01/07/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments for the use of bed rails were not adequate and there was no evidence these were reviewed.

Some residents were using bed rails and had not been assessed as requiring bed rails.

There was inconsistent documentation to verify if interventions identified in resident care plans were taking place.
Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All resident using bedrails will be reviewed and re assessed in line with regulation 8 (1). Documentation will be maintained and reviewed on a consistent basis.

Proposed Timescale: 29/08/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited evidence of follow up where residents were not adhering to recommended professional advices.

Services identified in the centre's policies as provided were not being provided, for example oral health assessments for residents.

Action Required:
Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Please state the actions you have taken or are planning to take:
A MDT review of all residents who refused to accept prescribed diets has taken place and relevant care plans put in place. Completed 29/08/2014.
All residents will receive an oral health assessments within the new/reviewed care plan which we will have completed by 30/09/2014

Proposed Timescale: 30/09/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a private room for residents to meet with visitors.

Action Required:
Under Regulation 19 (3) (i) you are required to: Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is
Please state the actions you have taken or are planning to take:

Plans are currently been explored to facilitate a private meeting room for visitors in line with regulation 19(3)(i). We will have a designated room for visitors in place by 6/10/13.

**Proposed Timescale:** 06/10/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The kitchen and the carpet on the corridors were not cleaned to an adequate standard and the arrangements in place for ensuring the kitchen was cleaned was not adequate.

**Action Required:**
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Allocated time has been given to the kitchen staff who will complete weekly deep cleaning task’s as per a cleaning schedule which will be maintained going forward. All weekly deep cleaning takes place only when the kitchen has closed down and is out of use. This commenced on 7/8/2014.

A deep clean of the carpets within the home has taken place on the 28/08/2014 and will be maintained at a minimum of every 12 weeks while carpets are in place.

**Proposed Timescale:** 28/08/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient storage facilities in the centre as assistive equipment was being stored in a bathroom, a shower room and under the stairs which was preventing access to some fire prevention equipment. In addition, the provider stated that assistive equipment was stored in the corridor while a bathroom was in use.

**Action Required:**
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
A full review of all storage facilities provided for assistive equipment will be carried out
and excessive/not used equipment removed 26/06/2014. Plans to aid storage will be submitted to change the use of another room before 1/10/2014
Staff have been made aware and instructed never to store assistive equipment in front of fire prevention/fighting equipment as of 26/06/2014.

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<tr>
<td><strong>Theme:</strong></td>
<td>Effective Care and Support</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>
<td>One single had limited space for manoeuvring assistive equipment if required.</td>
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<td><strong>Action Required:</strong></td>
<td>Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Plans are currently been submitted for the bedroom detailed above and an alternative room function changed.</td>
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<td><strong>Theme:</strong></td>
<td>Effective Care and Support</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>
<td>Improvement was required to the access to the polytunnels as the ground was uneven.</td>
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<td><strong>Action Required:</strong></td>
<td>Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Access to the poly tunnel has now been improved to minimise any risk.</td>
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<td><strong>Theme:</strong></td>
<td>Effective Care and Support</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>
<td>Some twin bedrooms did not contain a call bell for both occupants.</td>
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Action Required:
Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

Please state the actions you have taken or are planning to take:
All rooms with 2 occupants have in place 2 call bells. Double rooms with only one occupant have only one call bell in place until the room becomes occupied by 2 residents.

Proposed Timescale: 01/08/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The temperature of the hot water supplied to hand wash basins and showers posed a risk of scalding.

Action Required:
Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Please state the actions you have taken or are planning to take:
New thermostatic valves have been installed and water temperature monitored and recorded weekly.

Proposed Timescale: 27/06/2014

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some records viewed did not contain the complainants name and did not state whether or not the complainant was satisfied with the outcome.

Action Required:
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
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<td><strong>Theme:</strong> Person-centred care and support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that complainants had been informed of the right to appeal.

**Action Required:**
Under Regulation 39 (8) you are required to: Inform complainants promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
The complaint policy will be reviewed to make sure all complainants are informed of their right to appeal.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no independent person specified with a monitoring role to ensure that complaints were responded to and records maintained.

**Action Required:**
Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Please state the actions you have taken or are planning to take:
A staff member has been appointed to undertake and make sure monitoring/responding to and recording of complaints is done in line with the policy in place.

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<th><strong>Proposed Timescale:</strong> 25/08/2014</th>
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<td><strong>Theme:</strong> Person-centred care and support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Aspects of the complaints policy were inconsistent with practice in the centre, for example the policy stated that details of complaints were recorded in resident records. In addition, staff roles identified in the policy were not consistent with staff roles in the centre, for example the policy referred to the nurse manager, deputy nurse manager and operations manager.

The complaints policy stated that the complaints data would be analysed twice per year and this had not taken place.

Action Required:
Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Please state the actions you have taken or are planning to take:
The complaints policy will be reviewed and made centre specific for the roles within the home.

Proposed Timescale: 01/09/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to the assistance offered to some residents at mealtimes as some staff did not interact and speak with residents while offering assistance.

Action Required:
Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Please state the actions you have taken or are planning to take:
Staff will receive training in this area from the PIC.

Proposed Timescale: 01/09/2014

Theme:
Person-centred care and support
The policy on nutritional management was inconsistent with practice in the centre and improvement was required to language used in the policy.

**Action Required:**
Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

**Please state the actions you have taken or are planning to take:**
The policy on nutritional management will be reviewed and the practices brought into the home in line with reviewed policy.

**Proposed Timescale:** 14/09/2014

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**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:**
There was insufficient screening in shared bedrooms to ensure residents had privacy to undertake personal activities.

**Action Required:**
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
Sufficient screening will be reviewed in shared bedrooms to maintain privacy and dignity.

**Proposed Timescale:** 01/09/2014

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**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:**
Some resident property lists had not been kept up to date.

**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.
Please state the actions you have taken or are planning to take:
All residents property list’s will be updated and on an ongoing basis kept up dated.

**Proposed Timescale:** 14/09/2014

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge was not engaged in determining the numbers of staff and skill mix.
The supervision and support provided to residents in the communal day rooms was not adequate.

**Action Required:**
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The PIC is fully engaged in determining the duty rota and takes into account skill mix and staffing levels.
One staff member will be available for the supervision of the day room at all times.

**Proposed Timescale:** 01/08/2014

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff files did not contain all items required in the Regulations, for example a full employment history was not evident in all files.

**Action Required:**
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
Staff files will be reviewed and updated as necessary in line with regulation 18(2) (a) and (b).
Proposed Timescale: 01/09/2014
Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A volunteer's roles and responsibilities were not set out in a written agreement.

Action Required:
Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

Please state the actions you have taken or are planning to take:
The volunteer in question has now been employed on a permanent contract with the home.

Proposed Timescale: 18/08/2014
Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A volunteer was not receiving supervision.

Action Required:
Under Regulation 34 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

Please state the actions you have taken or are planning to take:
The volunteer has now been employed by the home and is receiving training in accordance with regulations.

Proposed Timescale: 18/08/2014