<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Powdermill Nursing Home &amp; Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000270</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gunpowdermills, Ballincollig, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 487 1184</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:powdermillnursing.home@gmail.com">powdermillnursing.home@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>Joseph Peters</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Joseph Peters</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 30 March 2015 09:00  To: 30 March 2015 18:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an unannounced monitoring inspection and it was the fourteenth inspection undertaken by the Authority in Powdermill Nursing Home and Care Centre. The provider applied to change the company entity and an inspection to inform this was completed in September 2014. A provider meeting was convened in December 2014 to discuss the inadequate action plan returned. Following this provider meeting a programme of works was submitted by the provider to remedy the on-going non-compliance issues identified over the previous years. The purpose of this unannounced inspection was to establish if the programme of works was adhered with. Inspectors were satisfied that the provider was in adherence with their proposed programme of works. As part of the inspection the inspectors met with the person in charge, the operations manager, human resources manager (HR), residents, and staff members. The inspectors observed practices and reviewed governance, clinical and operational documentation to inform this inspection.

The person in charge and operations manager displayed knowledge of the standards and regulatory requirements.

However, the staff training matrix demonstrated that staff training was not up-to-
date including adult protection and appropriated responses to behaviours that challenge.

Inspectors noted improvements in the private and communal accommodation provided for residents, however, there were outstanding issues relating to the premises and these will be discussed under Outcome 12 Suitable and Safe Premises.

The inspectors identified other aspects of the service requiring improvement to ensure compliance with the Regulations. These were identified in previous inspection reports.

These improvements included:

1) audit process
2) risk assessments
3) sluice room storage
4) infection prevention and control
5) dining experience
6) privacy and dignity

The action plan at the end of this report sets out the actions necessary 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.
### Outcome 01: Statement of Purpose

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose (SOP) was reviewed and updated in December 2014 to reflect the recent changes to the management structure with the newly appointed clinical nurse manager (CNM). All items listed in Schedule 1 of the Regulations were in the statement of purpose. At the start of the inspection, inspectors identified that recourse to the Office of the Chief Inspector formed part of the complaints procedure included in the Statement of Purpose (SOP) and this was removed before the end of the inspection; the amended SOP was displayed at main reception.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Following the provider meeting in December 2014, weekly clinical governance meetings
and monthly quality review meetings were initiated. The operations manager, person in charge, clinical nurse manager and HR manager formed the clinical governance committee and discussed all aspects of care and welfare of residents. The provider attended the monthly quality review meetings and a report of the weekly meetings was presented at these monthly meetings. The operations manager demonstrated the results of the monthly audits with completion dates and responsible persons identified, however, while audits were completed, a formal systematic audit to ensure a consistent approach was not evidenced. The evaluations undertaken did not consider quality of life or the philosophy and ethos described in the Statement of Purpose to ensure a holistic person-centred approach to delivery of care. This was especially evident at lunch time. Inspectors sat with residents while awaiting their lunch. Staff described institutional practices to inspectors that trays were delivered to residents dining in their bedrooms and those requiring assistance from 12:30hrs and meals in the main dining room were served from 13:00hrs. Inspectors observed that residents were seated in the dining room from 12:30hrs, they were not offered soup and there was very little interaction with residents for that period of time. It was reported to the inspectors that occasionally breakfast was not available as the resident wasn’t in the dining room at the right time. While care plan documentation demonstrated that a specialised activity programme was in place to enable a person-centred approach, this was not integrated into meal-times.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated knowledge and understanding of the Regulations and National Standards to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities.

The person in charge was supported in her role for by a recently appointed clinical nurse manager (CNM) as well as senior staff nurses. The CNM was not on duty during the inspection.

Judgment:
### Outcome 07: Safeguarding and Safety

**Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.**

**Theme:**
Safe care and support

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

**Findings:**
It was reported to inspectors that some residents had episodes of behaviours that challenge. However, all staff had not completed training in adult protection or antecedents and responses to behaviours that challenge. While staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward, staff appraisals demonstrated that staff would benefit from this training but it had not been facilitated. As outlined in Outcome 2, audits of quality of life issues were not completed to ensure that the service provided was safe, appropriate to residents’ needs, and consistent with a quality service.

**Judgment:**
Non Compliant - Moderate

### Outcome 08: Health and Safety and Risk Management

**The health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**
Safe care and support

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

**Findings:**
Previously it was identified that the health, safety and risk management policy in place was not comprehensive. This was now remedied and the policy contained the items required by Regulation. The safety statement was on display at main reception.

Colour-coded floor plans were displayed throughout the centre for emergency
evacuations with points of references and showed ‘Where I am Now’ for easy identification. Fire safety equipment was available throughout including in the smoking area.

A safety audit was completed by an external consultant in January 2015. Issues identified in this audit were incorporated into the programme for maintenance works. These were discussed with the operations manager who outlined that two working weeks were allocated for items to be remedied and many were finalised before their due date; however, a number remained outstanding.

There was a policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over some sinks hand-wash sinks. Hand hygiene gel dispensers were available throughout the centre to enable hand hygiene. Advisory signage for best practice use of hand hygiene gels was displayed. However, many staff had not completed training in hand hygiene and infection prevention and control. An example of poor infection prevention and control practice was observed where a used catheter bag was inappropriately draped over the door of a bedside cupboard without a protective sheath to prevent infection.

Laundry was segregated at source and staff described best practice regarding safe handling of unclean laundry with the use of alginate bags were appropriate. Bed linen was externally laundered and residents’ personal laundry was done in-house by night staff. Laundry issues were identified in the complaints register reviewed by inspectors. This will be discussed further under outcome 18 Suitable Staffing.

The sluice room was inspected however, it was noted that the storage available for urinals and bedpans was inadequate for the number of residents accommodated in the centre. Equipment was place incorrectly in the bedpan washer to enable effective cleaning. Most of the protective lids of the incontinence disposal units were missing, preventing closure and appropriate infection control.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

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

**Findings:**
Notifications received by the Authority were reviewed upon submission and prior to the inspection. Quarterly returns submitted to the Authority were timely and comprehensive.
One of the additional conditions of registration of this centre stated that the Authority was to be notified of all new admissions seven days prior to a resident being admitted, however, notifications were submitted on the day of admission rather than prior to admission. Notification forms were recently upgraded and these were highlighted to the person in charge. Records were maintained of incidents occurring in the centre and were monitored by the person in charge.

**Judgment:**
Substantially Compliant

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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. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

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

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

**Findings:**

A sample of residents’ assessments and care plans were reviewed by the inspectors. There was evidence that residents and/or relatives were involved in care planning. Care plans reviewed were comprehensive and reflected a person-centred approach and demonstrated significant improvement since the previous inspection. Pre-admission assessments were demonstrated in the sample of care plans reviewed.

General practitioners (GPs) from different practices routinely attended the centre and out-of-hours cover was in place. A sample of medical records reviewed demonstrated that resident’s were reviewed on a regular basis. Specialist medical services were also available when required. Reviews, follow-ups and on-going medical interventions as well as laboratory results were evidenced. Residents’ documentation demonstrated physiotherapy evaluations with balance and gait assessments which informed their falls risk assessments.

Residents had access to dental, optical, psychiatry, geriatrician, occupational therapy, chiropody and dietetics, physiotherapy, speech and language therapy (SALT) and palliative care services.

Prescription/drug administration charts were reviewed and photographic identification was evidenced in the sample reviewed. Regular prescriptions and ‘as required’ medication prescriptions (PRNs) were documented separately in line with best practice. However, PRNs were written as a regular prescription as well as PRN which could lead to
potential medication errors and this required a review.

Residents had important information documented in their care plans for end-of-life care. While records indicated that this information would be included in an end-of-life advance care directive, this had not commenced; this would ensure that valuable person-centred information would be easily accessible when the occasion arose.

**Judgment:**
Substantially Compliant

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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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**
Effective care and support

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

**Findings:**
Following the provider’s meeting in December 2014 a programme of works was submitted to the Authority to remedy the ongoing non-compliance issues identified over the previous years. Inspectors were satisfied that the provider was in adherence with their proposed programme of works. Since the previous inspection further painting and decorating had been completed. It was noted on this inspection that the dining room was clean, bright and well maintained. Curtains and screening curtains in bedrooms had been replaced. Grab-rails along corridors were replaced.

While floor covering had been replaced in some areas however, some corridor floor covering still required upgrading and this formed part of the programme of works to be completed on a phased basis. Bedroom furniture replacement was also part of the programme of works and some bedroom furniture required upgrading. Some pillows were in a poor state and required replacement.

While some toilets and en suites were upgraded since the last inspection however, others remained in need of upgrading, for example, the en suite in room 12 was in poor condition where pipes were exposed and the grouting between the wall and sink was in need of attention. One shower room on the first floor had a shower tray with step access into it which was unsuitable for its stated purpose of caring for dependant adults. The base of this shower unit was quite unclean.
It was identified in previous inspections that the design and layout of triple bedroom number 12 and a twin bedroom did not provide optimal space around each of the beds. The operations manager informed inspectors that the proposed plan for twin bedroom number 15 would be converted to a single bedroom with an en suite toilet facility. Any changes to the layout were being considered in the context of accommodating the needs of any resident requiring total nursing care and unobstructed access to both sides of the bed. It was noted by inspectors that shared bedrooms had adequate screening curtaining between the beds. However, carpet flooring on the stairs required upgrading.

The laundry was inspected however, it was noted that pipes and wiring were exposed; boxes were stored on the ground make effective cleaning impossible; one sink was almost inaccessible; the layout of the laundry required review to ensure appropriate workflows and infection prevention and control best practice protocols.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:
Person-centred care and support

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

Findings:
The complaints policy was displayed at main reception and a flowchart of the complaints’ procedure. However, this was not in an accessible format for residents or relatives. This was identified at the start of the inspection and the operations manager remedied the complaints procedure before completion of the inspection whereby an accessible format was displayed at main reception and throughout the centre. Residents gave positive feedback regarding access to the person in charge and their ability to report anything to staff. The complaints register was reviewed and complaints were recorded in line with the Regulations, including the outcome of whether the complainant was satisfied with the outcome. A concern was submitted to the Authority and comprehensive details of these issues were recorded by the person in charge including actions taken and the outcome. The concerns log was also reviewed and it was difficult to determine if such a log was necessary as issues recorded were complaints (which were dealt with appropriately). The inspectors requested that the practice of separate logs for concerns and complaints be reviewed.

Judgment:
Compliant
**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
Previously it was identified that the number and skill mix of staff was inadequate to meet the needs of residents of the centre cognisant of the size and layout of the centre. This was partially remedied whereby a clinical nurse manager was appointed part-time to support the person in charge in her role. Additional nursing staff were also appointed since the last inspection. A sample of staff files were reviewed and all requirements listed in Schedule 2 were in place. Staff files demonstrated that staff appraisals were undertaken.

Inspectors identified that the household staff roster required review cognisant of the size (40 bedded) and layout (three floors) of the centre. Household staff were rostered on duty for mornings only (09:15hrs – 13:15hrs); should the need arise, care staff would attend to cleaning duties at all other times. Household staff interviewed demonstrated good knowledge regarding infection prevention and control. There were three staff on night duty, one nurse and two care assistants and care attendants had responsibility for laundry as well as care duties. Cognisant of the size, layout and number of residents, the inspectors requested that a review of laundry duties on night duty be reviewed as all laundry was completed on night duty.

There was evidence of some staff training however, staff training in infection prevention and control, hand hygiene, basic food hygiene, adult protection and challenging behaviour was not up-to-date. Staff training records demonstrated that catheter care training was not completed by any staff even though residents had catheters.

Some staff had completed a particular activity programme which was holistic and reflected a homely approach to all aspects of daily living, however, this was not embedded in the daily lives of residents as described in outcome 11 where meals times reflected institutionalised practices.

**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:

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

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<tr>
<td>Date of inspection:</td>
<td>30/03/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/05/2015</td>
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</tbody>
</table>

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The operations manager demonstrated the results of the monthly audits with completion dates and responsible persons identified, however, while audits were completed, a formal systematic audit to ensure a consistent approach was not evidenced. The evaluations undertaken did not consider quality of life or the philosophy and ethos described in the Statement of Purpose to ensure a holistic person-centred approach to delivery of care.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
Following inspection we developed an audit tool which reflects best practice in maintaining quality of life and safety of residents. This incorporates the philosophy and ethos described in the Statement of Purpose to ensure a holistic person centred approach to delivery of care. An annual review will be carried out in May.

Proposed Timescale: May 2015 and yearly thereafter

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

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff had completed a particular activity programme which was holistic and reflected a homely approach to all aspects of daily living, however, this was not embedded in the daily lives of residents where meals times reflected institutionalised practices.

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

**Please state the actions you have taken or are planning to take:**
An annual review will be carried out in May 2015. An annual survey was carried out in October 2014 that was sent to all the relatives of the residents and the survey was very positive in relation to food and nutrition. For organisational reasons dinner time does start at 12.30 pm and the priority is given to residents in their rooms and when that is complete service starts in the dining room. This is often on or before 13.00hrs. The Person in Charge will conduct a consultative process with the residents and nursing and health care staff to determine if improvements or changes should be made to improve the service to our residents.

Proposed Timescale: 30/05/2015

<table>
<thead>
<tr>
<th>Outcome 07: Safeguarding and Safety</th>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Safe care and support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>It was reported to inspectors that some residents had episodes of behaviours that challenge. However, all staff had not completed training in adult protection or antecedents and responses to behaviours that challenge.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The CNM2 and a staff nurse have attended a dementia care study day with professor Jan Dewing in Cork on 23rd April 2015. A further twelve members of the care team have completed a validated training programme on the 29th April 2015. Two further sessions are planned for the 20th May 2015 and the 24th June 2015. This will complete training for all care staff.</td>
</tr>
<tr>
<td>Proposed Timescale: Ongoing with completion by the 24th June 2015</td>
</tr>
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Proposed Timescale: 24/06/2015

| Theme:                           |
| Safe care and support            |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| All staff had not completed training in adult protection. |
| **Action Required:**              |
| Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse. |
| **Please state the actions you have taken or are planning to take:** |
| All staff receive training in adult protection within one month of commencing employment and any staff in need of refresher training will continue on an on-going basis. |
| Proposed Timescale: Completed. Audit to be completed bi-monthly |
Proposed Timescale: 01/05/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As outlined in Outcome 2, audits of quality of life issues were not completed to ensure that the service provided was safe, appropriate to residents’ needs, and consistent with a quality service.

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

**Please state the actions you have taken or are planning to take:**
A robust elder abuse policy is in place, this was recently reviewed and read by all staff. We have a clear open complaints policy & procedure which has been reviewed and is accessible to all residents. Clear guidelines on our complaints procedure have been posted throughout the nursing home in recent weeks.

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Proposed Timescale: 01/05/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Many staff had not completed training in hand hygiene and infection prevention and control.

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

**Please state the actions you have taken or are planning to take:**
Training commenced immediately following inspection and is on-going.

---

Proposed Timescale: 31/05/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An example of poor infection prevention and control practice was observed where a used catheter bag was inappropriately draped over the door of a bedside cupboard without a protective sheath to prevent infection.

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

**Please state the actions you have taken or are planning to take:**
Catheter bag stands have been provided for all residents who need them and education on the associated infection risks was given. Catheter care training will be provided to all staff throughout the month of May.

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

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The sluice room was inspected and it was noted that the storage available for urinals and bedpans was inadequate for the number of residents accommodated in the centre.

Equipment was place incorrectly in the bedpan washer to enable effective cleaning.

Most of the protective lids of the incontinence disposal units were missing, preventing closure and appropriate infection control.

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

**Please state the actions you have taken or are planning to take:**
New storage has been ordered for the sluice room and will be in place by the 8th of May 2015.
All health care staff have been instructed on the safe storage of urinals & bedpans and the correct use of the bed pan washer.
New Sangenic bins have been provided which are of a higher quality and all bins without lids have been removed.

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

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

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Regular prescriptions and ‘as required’ medication prescriptions (PRNs) were documented separately in line with best practice. However, PRNs were written as a regular prescription as well as PRN which could lead to potential medication errors and this required review.

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

Please state the actions you have taken or are planning to take:
All prescription charts have been audited and those found not to be in line with best practice have been replaced by a chart that ensures PRN scripts cannot be prescribed for regular administration.

Proposed Timescale: 01/05/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While floor covering had been replaced in some areas, some corridor floor covering still required upgrading.

Some bedroom furniture required upgrading.

Some pillows were in a poor state and required replacement.

While some toilets and en suites were upgraded since the last inspection, others remained in need of upgrading, for example, the en suite in room 12 was in poor condition where pipes were exposed and the grouting between the wall and sink was in need of attention.

The shower room on the third floor had a shower tray with step access into it which was unsuitable for its stated purpose of caring for dependant adults. The base of this shower unit was quite unclean.

It was identified in previous inspections that the design and layout of triple bedroom number 12 and a twin bedroom did not provide optimal space around each of the beds.
Carpet flooring on the stairs required upgrading.

The laundry was inspected and it was noted that pipes and wiring were exposed; boxes were stored on the ground make effective cleaning impossible; one sink was almost inaccessible; the layout of the laundry required review to ensure appropriate workflows and adherence to infection prevention and control best practice protocols.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
A detailed action plan for 2015 with specific timeframes to address the issue of floor coverings was submitted to HIQA in January 2015 and the works are being completed on schedule.
Replacement bedroom furniture has been ordered with delivery expected by the 15th of May 2015. Pillows that were in poor condition have been replaced.
The issues identified in the en suite in room 12 and the shower room on the first floor have been repaired. The shower tray on first floor will be replaced with suitable access for its purpose by 31st August 2015.
Plans for the change of the design and layout of room 12 have been drawn up by our engineer and will be reviewed by the Person in Charge in consultation with the residents of the room. Time scale for this is the 31st August 2015. The carpet on step four of the stairs has been repaired.
The physical work to the laundry room has been completed and all exposed wires have now been boxed in.
The laundry policy is currently under review and staff will be educated on how this should be implemented in practice.

**Proposed Timescale:** 31/08/2015

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors identified that the household staff roster required review cognisant of the size (40 bedded) and layout (two floors) of the centre. Household staff were rostered on duty for mornings only (09:15hrs – 13:15hrs); should the need arise, care staff would attend to cleaning duties at all other times.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.
Please state the actions you have taken or are planning to take:
It should be noted that the building does not have a third floor. The majority of residents are on the ground floor with the remainder on the first floor. Whilst there is a second floor in a small area of the building it is a small attic and is not used for any purpose. As and from Tuesday May 5th household staff will be rostered throughout the day from 09.15 hr-18.00 hr, 5 days per week.

**Proposed Timescale:** 01/05/2015

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was evidence of some staff training however, staff training in infection prevention and control, hand hygiene, basic food hygiene, adult protection and challenging behaviour was not up-to-date. Staff training records demonstrated that catheter care training was not completed by any staff even though residents had catheters.

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

**Please state the actions you have taken or are planning to take:**
The Person In Charge will carry out a full review of our current training plan and the training programme for 2015 will be revised to deal with any lack of training highlighted in the review. The person in charge is committed to training all staff commensurate with their role and responsibility and will audit training practices twice a year.

**Proposed Timescale:** 31st July 2015 first audit. 30th November Second Audit.

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