<table>
<thead>
<tr>
<th>Centre name:</th>
<th>O'Gorman Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000547</td>
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<tr>
<td>Centre address:</td>
<td>Castle Street, Ballyragget, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 883 3377</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:anne58mcgrath@gmail.com">anne58mcgrath@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>O'Gorman Home Committee</td>
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<tr>
<td>Provider Nominee:</td>
<td>James Delaney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>12</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
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: 18 March 2015 09:30  
To: 18 March 2015 20:00  
19 March 2015 08:30  
To: 19 March 2015 16:00

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

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<td>Outcome 13: Complaints procedures</td>
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**Summary of findings from this inspection**

The purpose of this inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre which was granted registration in 2012. All documentation required for the registration process was provided.

O’Gorman Home is a voluntary centre, established in 1985 for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 12 residents who require minimal assistance in a homely environment. On the day of inspection there were 11 residents in the centre with one resident in hospital. Funding for the service is by way of a grant and service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents’ own contributions.
The centre was the subject of thematic inspection in 2013 and was found to be in compliance with both outcomes. The inspector also reviewed the actions outstanding following the previous monitoring inspection which took place in March 2013 and found that of the Actions required Three had been satisfactorily addressed. A number of actions from inspection had not been satisfactorily completed and these included the formalising of the role of the advocate for residents, the development of care plans and interventions and the adequacy of nursing hours available.

The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 30 March 2012 which stipulated that if the centre provides care only to residents who do not require full-time care the person in charge is not required to be registered as a nurse and fulltime nursing care is not required. The condition attached to the registration allows for the admission of residents who are assessed as low dependency.

During this inspection it was found that the provider had breached the condition of registration by admitting residents who were assessed prior to admission as medium dependency. This is actioned in this report under the stamen of Purpose. and was discoed at length with the provider during inspection.
This inspection found that there was a commitment to good practice in resident’s access to health care, allied services, complaints management and resident’s rights. They had significant choice in their daily routines and were supported to maintain their independence. The premise is suitable for its purpose, homely, well maintained and located in the centre of a small rural community.

The inspector reviewed questionnaires received from some relatives and the residents. The commentary was very positive and complimentary regarding the care provided, the kindness and availability of staff and management and how safe they felt living in the centre. The inspector was also informed by the residents during the inspection that they felt very much at home and very safe in their environment and that the staff and manager were always helpful and considerate to them.

Some improvements were identified in the following areas: governance medication management staffing records and documentation individualised assessment and care plan submission of notifications to the Authority adherence to the statement of purpose.
These issues are covered in more detail in the body 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:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose had been forwarded to the Authority as part of the application for registration with a minor amendment required as the statement did not outline the arrangements for the absence of the person in charge. This information was revised and incorporated at the time of inspection.

However, admissions to the centre had not been in accordance with the statement of purpose as outlined and for which the centre was registered in terms of the dependency of the residents for which the centre can provide suitable care. This was in relation to respite residents and the inspector acknowledges the reasons the admissions took place. However, the staffing levels skill mix and care model outlined in the statement does not facilitate this practice.

**Judgment:**
Non Compliant - Moderate

**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:
The designated centre was operated on a voluntary managed by a voluntary committee. There was a designated person in charge with devolved responsibilities and a nominated provider. However, while fully acknowledging the voluntary nature of the governing committee and the strong commitment to the service the inspector was not satisfied that there was sufficient communication and overview by the provider to ensure the lines of responsibility and accountability were satisfactory. Findings in relation to staffing indicated that resources were not sufficiently deployed to deliver the care required safely and there was a significant dependency on the role of the part-time nurse.

Systems to review the quality and safety of care had commenced but were not completed and required further development. No annual review of the service had been undertaken. A residents survey had been completed by the person in charge. A review of this by the inspector found that the outcome was very satisfactory. However, the individual survey results were available in each resident’s file, for all persons to see. Managing this process in this manner could impact on the ability of residents to be candid in their responses. No analysis of the data had been undertaken and the provider was not aware of the survey. Reporting mechanisms were informal.

Only one audit of quality or safety of care had taken place, undertaken by the pharmacist in relation to medication. In addition, the inspector found that there was a lack of clarity in regard to decision making roles. This was especially evident in relation to admissions to the centre. The provider was not aware that the condition of registration had been breached and the inspector could not ascertain who had actually made the decision which resulted in these admissions.

The person in charge informed the inspector that the services of a quality management consultancy had been retained to address issues such as risk management and policy development. The inspector acknowledges that this was a proactive step undertaken to further develop the service and to ensure compliance with the regulations. Further work was required to ensure that the documentation provided including policies, were centre-specific and integrated into the centres practice.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
There was a resident’s guide available and each resident was provided with a contract of care, a sample of which indicated that they were signed within one month of admission. The contract clearly defined the service to be provided and all fees were identified in the contract. Costs for the retention of the resident’s room in the event of them spending a period of time at home or in hospital were also defined in the contract.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge demonstrated knowledge of the legislation and statutory requirements appropriate to the role and was engaged fulltime with the governance, management and administration of the centre. Both residents and staff recognised and could identify the person in charge as such. Appropriate deputising arrangements were also in place. It was noted that the person in charge undertook duties outside of normal working hours and on evenings supplemented the staffing compliment available.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspectors found that the records required by regulation in relation to residents, including medical records and nursing records were not entirely up to date, or easily retrieved. Records were in some instances duplicated unnecessarily or written retrospectively by various staff. It was unclear as to who had responsibility for completing which records, when and who was responsibility for ensuring the actions identified in the records were followed up on.

Records of personal belongings were maintained and records in relation to Schedule 2 staffing were found to be complete.
Several policies or procedures in respect of schedule 5 were in place but had not been amended to ensure they were centre-specific and that practices reflected them. This included the policy on medication management, complaints and the admissions policy. The admission policy detailed a number of care needs which the provider would not be able to accommodate. and was reflective of the practice on admission.

Documents such as the residents guide and directory of residents were available. The inspector saw that insurance was current and included the liability for resident’s personal property as required by the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration. A visitors log was available and used.

Judgment:
Non Compliant - Moderate

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge understood the statutory requirements in relation to the timely notification of any instances of absence in relation to the post that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an absence There had been no such period of absence by the person in charge.
since the last inspection. During periods of annual leave the senior carer undertook the duties of the person in charge and the arrangements were satisfactory. All relevant documents had been forwarded to the Authority.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

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

### Theme:
Safe care and support

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

### Findings:
The inspector was informed that the provider was not acting as agent for any resident at the time of this inspection. All fee payments were recorded and receipted to the resident. A policy on the management of residents finances had been recently introduced. This was found to be satisfactory with one small change required in relation to the arrangements for the provider to act as agent and the management of the monies in this instance. The provider agreed to remedy this. Otherwise residents managed their own monies and possessions.

The inspector reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory and in line with all guidelines and requirements. This had been satisfactorily addressed since the previous inspection. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in the person in charge to act on any concerns raised. Residents informed inspectors that they felt very safe and well cared for in the centre. They were familiar with the person in charge and expressed their confidence in being able to address any issues.

A small number of residents had mental health issues and a diagnosis of early stage dementia but challenging behaviours were not a feature. There was a policy on the management of challenging behaviours which was in accordance with national policy and guidelines. There was evidence of multidisciplinary review from psychiatry of old age where this was required.
The action in relation to the assessment for the use of methods of restraint and the implementation of alternatives required at the previous inspection had been addressed. Methods of restraint were not used in the centre with the exception of a resident who could not leave the centre unaccompanied. This is actioned under outcome 16 Resident Rights Dignity and Consultation.

Judgment:
Compliant

**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:**
Issues identified at the previous inspection in relation to risk had been addressed and overall the inspector found that resident’s safety was prioritised. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. The risk management policy was in compliance with the regulations including the process for learning from and review of untoward events. However this had not been implemented in taking appropriate action to prevent a recurrence of medication being unaccounted for which diminished the value of learning and improvement from such incidents.

There was an emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. There were missing person’s profiles and personal evacuation plans for residents available should they be required. A health and safety audit of the premises was undertaken monthly and any actions identified were rectified. Emergency phone numbers were available to staff and there were additional persons identified who lived close to the centre in the event of staff needing help in an emergency, for instance at night. Core safety features including flooring, hand-rails, working call-bells and secure exits and entrances were evident. Training records demonstrated that staff had undergone training in moving and transporting residents and in first aid.

The risk register contained details of environmental risks and appropriate actions taken to mediate them. The clinical risk register was very detailed and identified the current and potential risks for individual residents.

Policy on the prevention and control of infection was satisfactory and staff were
knowledgeable on the procedures to be used on a daily basis and in the event of any specific infection related concern. They were observed taking appropriate precautions and using personal protective equipment.

Fire safety management systems were found to be satisfactory. All staff had undergone fire safety training annually and drills were held twice yearly. The fire procedure was displayed and staff spoken with were knowledgeable on the procedures to be used in such an event.

Documentation confirmed that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and the fire panel were recorded.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Medication Management

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

**Theme:**
Safe care and support

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

**Findings:**
Current policy on the management of medication was centre-specific and in line with legislation and guidelines with an improvement required in the management of pro-re-nata medication (PRN). Systems for the receipt of, management, administration, storage and accounting for medication were satisfactory. No controlled medication was being administered at the time of the inspection but there were systems in place should this be required. There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents where this was deemed necessary.

However, staff were transcribing prescriptions. The policy states that this practice will not occur in the centre due primarily to the lack of nursing staff available to do so. The practice was not undertaken in accordance with the requirements for transcribing and was a potential risk.

The staff had received training in medication management in 2014 which included the function of the medication and the potential side effects. An audit of medication had been undertaken in late 2014 by the pharmacist. All regular medication was dispensed in blister packs to make it easier for non nursing staff to administer this safely. However a significant number of medications cannot be made available in this format. The audit
found that there was no review of this additional medication and as a result a number of medications could not be accounted for in the audit. The inspector was not satisfied that the action taken by the person in charge following this were satisfactory to prevent further such incidents occurring. This is actioned under Outcome 8 Health and Safety and Risk management.

At the time of this inspection no residents were deemed to have the capacity to self-administer medication. An assessment tools was used to make this decision.

**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:**
The inspector found that some notifications had not been forwarded to the Chief inspector as required. This included notification of an outbreak of influenza in 2015. A notification in relation to the death of a resident had been forwarded outside of the required time frame but the inspector was satisfied that the person in charge had since clarified the requirements for all notifications.

**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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
Overall the inspector was satisfied that the residents' health and care needs were supported but improvements were required in the implementation of care plans to address all identified needs. Residents retained access to their own general practitioners if this was their wish and this supported continuity of care. Referral to and consultation with allied health services such as chiropody, dentistry, ophthalmic care, mental health specialists and dieticians was evident.

Residents informed the inspector that they were very satisfied with the health care provided to them and confirmed that they were consulted and involved in decisions. In some instances residents saw the GP at the surgery and there was an agreement with the resident that the information would be made available to the staff in order to ensure care could be delivered. Some GPs did not enter reports of visits in the resident’s medical notes in the centre. Staff were given the information verbally and entered this in the records although at times this was some days later.

A number of evidenced based assessment tools were used to identify the resident’s needs including their social, psychological and health and these were reviewed as required. However, there were deficits in the implantation of care plans for some needs identified including for example falls risks, mental health, cognitive impairment, the management of epilepsy and risk of pressure areas. There was evidence that satisfactory information was available should residents need to be transferred to acute care. However the pre-admission assessment did not consistently take account of the capacity of the provider to deliver the care required. These actions remain unresolved sufficiently since the previous inspection.

For example, residents social care needs were well supported in planning for most residents, based on their individual preferences and independence. However, in some instances the need for additional staff support in day to day activities had not been planned for sufficiently.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The premises are fit for purpose and met the needs of the residents with all accommodation for residents on the ground floor. The environment was homely, well decorated and in a style which was comfortable. There are adequate communal areas which are bright and spacious and easily accommodate the number of residents. There are also a number of small alcoves where residents can sit quietly and watch the birds in the garden. All bedrooms are of the required dimensions, with enough space for furniture and seating. The two double bedrooms have appropriate screening to support privacy.

There were a sufficient number of assisted and adapted showers and toilets available and the corridors provide ample room for residents to walk safely. Grab-rails and non-slip flooring is provided.

There is a small secure easily accessible garden. A spacious visitors’ room is available and equipped with television. A secure drug storage room, treatment room and sluice facility is in place. The kitchen is fit for purpose and when meal preparations are over residents have easy access to this for tea and conversation. There is an adequate and well equipped pantry area. The premises are protected by an intruder alarm. There is a separate washing area for kitchen staff and a staff toilet and changing area.

The heating and lighting was satisfactory and the centre was kept very clean. The residents do not require the use of hoists or other significant assistive equipment. Some residents had walking aids and one used a wheelchair when outside of the centre. Records demonstrated that equipment such as heating is serviced and kept in working order and residents own equipment is also maintained satisfactory.

The inspector noted that some beds were of a considerable age and also were not entirely suitable for the resident use. For example, a number could neither be lowered or raised to support the residents and some mattresses were becoming worn from use.

Judgment:
Substantially Compliant

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:
There was a revised written operational policy and procedure for the making and management of complaints which was in line with the regulations. The policy included an external appeals process, overview by the provider and encouraged local and immediate resolution where this was feasible. There were time-scales and responsibilities outlined. A synopsis was posted in a suitable area of the premises. Examination of the complaint log indicated that where complaints were made they had been resolved locally and the views of the complaint ascertained. The residents informed the inspector that any issues they raised were promptly dealt with. However, the inspector was not satisfied that the provider was fully aware of the responsibilities in relation to overseeing the management of the process by the person in charge. This is actioned under outcome 2 Governance.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The centre had been the subject of an inspection focused on end of life care in December 2013 and was found to be compliant with this regulation. The person in charge confirmed that there had been no death at the centre since it had been registered and that there had been no instances where end of life care had been provided. The policy and procedure in place confirmed that where the needs of a resident changed and end of life care provision became necessary, residents requiring such care would be referred for assessment and transferred to an appropriate service. There were detailed care plans developed in the event of a sudden deterioration where a resident could not be moved to a more suitable environment. There was access to palliative care support if this was required in an emergency.

The policy outlined the protocol in the event of a sudden or unexpected death and outlined a process whereby the relatives of residents were provided with advice and practical information on what to do in the event of a death. A policy on residents’ personal property and a protocol for the return of personal possessions was also in place. The person in charge confirmed that, although there was no dedicated accommodation, if the circumstances required relatives could be facilitated to stay overnight and as the majority of the rooms were single, privacy was possible. The
records available indicated that information regarding residents preferences were elicited in relation to religious preferences and arrangements for burial. There is a facility in the oratory should families decide to have a wake in the centre.

There was documentation available which was used to ascertain the residents preferences in relation to resuscitation. The inspector found that these were completed routinely, in some cases on the day of admission. There was no corresponding clinical record of this. In addition, the inspector was not satisfied that the decision was reviewed or was ascertained following full information being given to the resident to facilitate an informed decision in this instance.

This was discussed with the provider and person in charge at the feedback meeting who agreed to review the process.

**Judgment:**

Compliant

### Outcome 15: Food and Nutrition

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on food and nutrition detailing the ongoing care of resident’s nutritional needs. Residents were weighed on admission and monthly thereafter. There was evidence that prompt referral to dieticians were made where this was deemed necessary. Resident’s food preferences and needs were documented on admission and staff were found to be very knowledgeable on the residents likes and dislikes. In keeping with the low dependency level of the residents staff were advised to monitor and encourage residents to eat.

From a review of a sample of care plans undertaken there were records of relevant monitoring with regard to nutrition and weight. Any nutritional supplements were appropriately prescribed by the resident GP.

Given the low dependency of residents, none required modified consistency diets. Some residents choose to go out for social events in the evening or to have meals with families. Residents with whom the inspector spoke expressed high levels of satisfaction with the quality and quantity of the food and the fact that meals and snacks were available at any time. Some expressed a preference for having tea early in the morning.
with a more substantial breakfast later and this was accommodated. Catering staff had a very clear understanding of the preferences of residents and accommodated their tastes accordingly with lists of preference available in the kitchen. There was a daily list made of what residents would like for each meal on the basis that they may change their minds from time to time with regard to what was on the menu. There was evidence that specific dietary needs and preferences including diabetes and vegetarian diets were managed appropriately.

Breakfast was taken in the residents’ bedrooms at a time of their choosing and all meals could be taken in their rooms if this was the president’s choice. There was considerable choice available for the residents at all meals. The food was all freshly prepared with baking a significant feature. The dining room was pleasant and food was served in a pleasant social atmosphere. The catering staff had training in food hygiene and appropriate food safety management system were in place. Some improvements were required in that the menu had never been reviewed by dietician.

The inspector also noted that there was no satisfactory communication system between staff in relation to resident’s food intake where they were known to be at risk of malnutrition which could place the resident at further risk. The information available on the day of the inspection was incorrect.

Judgment:
Non Compliant - Moderate

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The centre was managed to promote residents’ capacity to exercise personal choice and residents spoken with by the inspector indicated a significant level of satisfaction with their quality of life and choice at the centre. However, some improvements were required in the support of residents who required additional staff support based on their particular needs, assessment and access to advocacy services.

Residents meetings take place regularly. A sample of the meeting records indicated that the meetings were used to advise residents on matters such as development of care
plans, and use of the bathroom facilities or other practical matters. Entries demonstrated that the residents themselves made suggestions for example, that the weekly music session be held in a different room and this was facilitated. The inspector was satisfied and the residents confirmed that they had significant choice in their daily routines and how they spend their day.

Some residents were more independent than others, with one person driving home each day, while others went out to the local shops or pub. A resident attended a day care facility three times weekly and many spend time at home with families. Newspapers and televisions were available and residents were observed reading and generally doing what they wished themselves. Mass is available locally and is conveyed via a tannoy system within the centre. Other religious affiliations were also supported.

A small number of weekly activities were organised. These included music once a week and a weekly exercise session which residents said they found helpful. A weekly bingo game was organised which was attended by members of the local community. This provided an opportunity for the residents to meet people from the local community and catch up on news.

Staff were observed being respectful of residents privacy and respectful in how they spoke with and about the residents. There were no restrictions on visitors and some visitors informed the inspector that they were welcome at any time. Residents were knowledgeable on their health care needs and it was apparent that they had choices in terms of their medication for example.

There was an advocate appointed by the board of management. This person visited the centre once weekly for the community bingo game. While the positive contribution of the advocate is recognised, from discussion it was apparent that there was no agreed role and function, no terms of reference in relation to the role, and issues such as confidentially or accessing external agencies on resident’s behalf had had been considered. This was an action in the report of 2013 and had not been addressed.

In some instances the practices in the centre were led by the staffing resources available as opposed to the resident needs or wishes. This was especially apparent where resident’s assessment indicated that they needed supervision at all times when outside the centre for safety or mobility reasons. Staff informed the inspector that they did not have any time even to take the resident for a walk outside the centre for any reason. No provision had been made to mediate for this significant restriction in the care plan of the resident. This is also actioned in outcome 11 Health and Social Care needs. Some residents had communication difficulties and required hearing aids. There was evidence that they had access to the relevant specialists and staff understood their communication needs.

**Judgment:**
Non Compliant - Moderate
Outcome 17: Residents’ clothing and personal property and possessions

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

Theme:
Person-centred care and support

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

Findings:
A policy was in place in relation to residents' personal property and possessions. The person in charge confirmed that residents had access to, and retained possession of, personal belongings and finances. The inspector noted that resident's rooms were personalised with belongings and photographs and adequately furnished with suitable storage facilities for clothing and possessions. A facility for locking items away safely was also available in each room.

There were suitable facilities available for laundering of residents clothing and linens and the inspector observed that items were individually labelled to ensure the safe return to the residents. As there is small number of residents staff were aware of which resident owned what items. The inspector was informed by residents that clothing going missing was not an issue. There was appropriate segregation of clothing evident.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
The inspector was not satisfied that the numbers of staff available were suitable to meet the assessed needs of the residents at all times. The centre is registered on the basis that the residents do not require fulltime nursing care in accordance with the revised regulations 2013. The centre had one qualified staff nurse available two mornings per week for a total of eight hours. The allocated duties included pre-admission and on-going assessment and implementation and review of care plans and health care monitoring. The evidence in Outcome 11 Health and Social Care needs and in Outcome 9 medication management indicates that the nursing hours available currently are not satisfactory to ensure care is delivered as required and to allow the nurse to undertake the duties assigned to her. The provider agreed following the last inspection to review the hours available. The inspector found that the duties and responsibilities of the nurse, head carer and staff required review to enable the nurse to concentrate on the duties assigned to her. The responsibility placed on the part time nurse was significant and included the development and maintenance of the clinical risk register.

All other staff were non nursing staff and referred to as general operatives. The roster demonstrated that there are two staff available daily between 08:00hrs and 19:00hrs. This is augmented during the week by the presence of the head carer and the person in charge. However from 19:00hrs until 22:00hrs there is only one staff available. From records seen, the level of support some residents may require with the activities of daily living and the requirement of a significant medication round an additional staff member is required from 19:00hrs until 22:00hrs to provide suitable and sufficient care. Residents also stated to the inspector that they were reluctant sometimes to call the single staff in the evening as they know they are very busy.

While the centre is registered to support residents with low dependency needs some situations will arise which require a prompt and immediate response by the provider to staffing levels. The inspector was concerned that during a significant outbreak of influenza in February 2015 additional staff was only made available on one occasion. Nursing records indicated that at least one resident required the assistance of two people for all basic care during this time. This was first noted in nursing records on 22 February. It was not until the evening of 29 February that an additional staff was made available and then only once.

Staff training records demonstrated a commitment to mandatory training with all staff having the required fire safety, moving and transporting residents and the protection of vulnerable adults. Other training included medication management, first aid and Food safety.

The person in charge informed the inspector that training in end of life care and challenging behaviours was to be scheduled for 2015. Three staff have completed Fetac 5 training and two more are scheduled to commence this in the autumn of 2015 supported by the provider. An annual appraisal system was in place. However the needs of the residents indicates that further focused training is required in supporting staff to deliver care to the residents in areas including cognitive impairment. Staff were observed to be kind and very supportive of the residents and were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance was available at the centre.
Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>O’Gorman Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000547</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18/03/2015</td>
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<tr>
<td>Date of response:</td>
<td>24/04/2015</td>
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Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was not reflected in admissions to the centre and practices were not congruent with the statement.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:
All admissions will be in accordance with Statement of Purpose, by operating a control system which will be signed off by the Provider and PIC at time of admission. An attempt will also be made to gather information from the prospective residents’ wider multidisciplinary team such as the local public health nurse and GP in the case of a referral from a hospital.

**Proposed Timescale:** 18/03/2015

<table>
<thead>
<tr>
<th>Theme</th>
<th>Governance, Leadership and Management</th>
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</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>Staffing levels and skill mix was not adequately resourced.</td>
</tr>
<tr>
<td>Action Required:</td>
<td>Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>Staffing levels and skill mix will be adequately resourced.</td>
</tr>
<tr>
<td>Proposed Timescale:</td>
<td>30th September 2015 (subject to Garda vetting).</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Theme</th>
<th>Governance, Leadership and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>Management structures and responsibilities were not clearly defined and implemented to ensure the quality and safety of care.</td>
</tr>
<tr>
<td>Action Required:</td>
<td>Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.</td>
</tr>
</tbody>
</table>
| Please state the actions you have taken or are planning to take: | A clearly defined Management structure, complete with Job Descriptions, will be put in
place.

The staff rota will be reviewed, to extend the working hours of some existing staff members, and will also involve the recruitment of one additional staff member to cover approximately 20 hours weekly thus freeing up the PIC and her deputy to perform managerial and governance duties. Nursing hours will also be increased from nine to twelve hours weekly. Within the Management structure clearly defined roles and responsibilities will be identified, to include issues such as Residents Records and documentation, individualised assessment and care planning, medication management, risk management and staffing. A Quality Management System will be used to review, audit and follow up on issues requiring actions on findings. A Quality Management Systems meeting will be held monthly and which the nominated provider will attend to report back to the board of management. An annual report will be conducted by the Board of Management its aim being to develop and improve the quality of services provided.

Proposed Timescale: 30th June 2015 (subject to Garda vetting)

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

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review of the quality and safety of care.

**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:**
As the Quality Management System is not one year in existence a review has not yet taken place, however we intend carrying out a review in the coming months.

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

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**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some polices were not reflective of practice or reflected in practice including medication
management, complaints and admissions.

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

**Please state the actions you have taken or are planning to take:**
We have the policies in place and will amend them and our actions as appropriate.

**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:**
Schedule 3 records in relation to residents were not maintained so as to ensure completeness and written in a timely manner.

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

**Please state the actions you have taken or are planning to take:**
All records required will be properly and fully maintained in an up to date manner and clear responsibility for their creation and maintenance will be defined.

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

**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:**
There was no adequate review of an incident with medication to demonstrate that systems for investigation and learning from serious incidents were implemented.

**Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The Risk Management Policy will be adhered to at all times.
Incidents or errors will be recorded on the Incident Report Form and will be investigated immediately to resolve the immediate problem. The incident will be automatically be raised at the Quality Meeting for corrective and preventative action. A review of procedures and a further audit within one month will be conducted following any audit which identifies a problem.

**Proposed Timescale:** 18/03/2015

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Practice in transcribing medication were not in accordance with requirements.

**Action Required:**
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

**Please state the actions you have taken or are planning to take:**
Following a review of medication management in recent days no further transcribing will take place. The original prescription will be photocopied and maintained on file for reference. The original prescription will then be forwarded to be dispensed by Pharmacist.

**Proposed Timescale:** 18/03/2015

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some incidents were not reported to the Authority or reported within the required time frame.

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

**Please state the actions you have taken or are planning to take:**
All future incidents will be reported to the Authority within the required time frame in
acCORDANCE WITH REGULATION 31 (1).

PROPOSED TIMESCALE: 18/03/2015

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:
The assessed needs of some residents were not sufficiently addressed in their day to day lives.

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Residents assessed needs will be monitored and reviewed as required and records updated.

PROPOSED TIMESCALE: 18/03/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident assessed needs were not supported by a care plan.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
A Care Plan will be commenced for all new residents within 48 hours of their admission.

PROPOSED TIMESCALE: 18/03/2015
### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A process of renewal of the beds available is required.

**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 beds renewal process will be undertaken.

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

### 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:**
There was system for review of complaints by the provider or nominee to ensure they were managed in accordance with policy.

**Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
The person in charge will bring all formal complaints to the attention of the Provider, who is responsible for ensuring that all complaints are properly addressed and investigated promptly. The Provider shall also ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having being made. Complaints of any nature will be raised at the monthly quality management meeting for preventative action. Complaints will be listed on the agenda of all Board of Management meetings with the aim of improving the quality of service to service users.

**Proposed Timescale:** 18/03/2015
### Outcome 15: Food and Nutrition

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Systems to monitor the dietary intake of resident at risk of malnutrition were not implemented satisfactorily.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
A Staff communication system has been put in place in relation to Residents’ food intake.

**Proposed Timescale:** 18/03/2015

### Outcome 16: Residents’ Rights, Dignity and Consultation

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents who required additional staff support in order to access the wider community were not provided with this.

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

**Please state the actions you have taken or are planning to take:**
Staffing levels will be addressed to provide this service as required

Proposed Timescale: 30th September 2015 (subject to Garda vetting)

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

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

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
The advocacy service available was not defined in a manner to ensure resident rights were protected.

Action Required:
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

Please state the actions you have taken or are planning to take:
A policy on Advocacy will be put in place and made available to Residents.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing
Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The numbers of staff were not available with particular reference to evening time was not sufficient to deliver the care required in a safe manner.

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:
Staffing levels will be adequately resourced.

Proposed Timescale: 30th September 2015 (subject to Garda vetting)

Proposed Timescale: 30/09/2015
Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nursing hours and role requires review to ensure the residents care plans and interventions can be implemented.

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.
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<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
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</tr>
</tbody>
</table>

| **Proposed Timescale:** 30/09/2015 |
| **Theme:** |
| Workforce |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Additional training is required for staff in supporting resident with cognitive impairment.

**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:**
Appropriate training will take place following consultation with the relevant Authorities.

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