<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Connolly Hospital (Silver Birch &amp; Woodland Units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000528</td>
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<tr>
<td>Centre address:</td>
<td>Blanchardstown, Dublin 15.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 646 5560/646 5510</td>
</tr>
<tr>
<td>Email address:</td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mairead Lyons</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>13</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 05 May 2015 07:30  To: 05 May 2015 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td></td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td></td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This inspection was an unannounced follow-up inspection. The purpose of the inspection was to determine if the provider had addressed the non compliances within the proposed timescale as outlined in the response to the registration inspection report from 04 and 05 February 2015.

The centre is registered to accommodate 48 residents', 35 residents were present on this inspection, eight beds were closed and five vacant. The inspector was informed that although the provider had applied to have 48 beds re-registered, this number had now been reduced to 40.

The person in charge was available on inspection. The inspector found some improvements had been made within the proposed time scale. However, some had not and others were being worked on, these were on target to be met within the proposed timescale. The annual review of the quality of care being provided or review of the quality of life for residents living in the centre had not been completed, however this was due to be completed within the proposed timescale.
An ophthalmology service had been sourced to provide a service to residents and the process of referral process had begun. Access to a dental service was being sourced and would be in place by the proposed timescale. The manner in which staff assisted residents at mealtimes had improved, it was now in line with best practice.

The premises remained in a poor state of repair externally and internally although clean, well lit and well heated it did not meet the needs of residents' as detailed in the body of the report. There had been little changes made to the premises since the registration inspection. The inspector was provided with written confirmation that Connolly Hospital Residential Services had been approved for a new 100 bedded Older persons residential unit by the Department of Health (DOH) and Health Services Executive (HSE). The inspector was provided with an outline of the project delivery target programme issued by HSE Estates and received written confirmation on this inspection that the project was on target and was currently at the tendering stage. The construction was due to commence in September 2016 and the project completed by November 2017.

The risks identified during the registration inspection relating to the high temperature of hot water and exposed radiators had been addressed. However, the risk associated with an unusable fire exit on Silver Birch unit had not been addressed within the proposed time scale set by the provider. The fire exit could not be used during a recent fire drill, therefore, an immediate action plan was issued to the provider and an immediate response was received. The amount of personal space available to residents within the multiple occupancy rooms had increased with the overall reduction in resident numbers. This reduction in resident numbers meant that the number of assisted toilets now met the residents needs. However, there was still no assisted bath or equipment available to transport dependent resident from their bedroom to the shower/ bathroom. Hence, a high standard of hygiene care was not being provided to residents. Plans were in place to provide appropriate personal storage space for residents personal belongings. Refurbishment plans were also in progress to increase the dining room space for residents in Woodlands, refurbish a shower room and conduct some maintenance work in both gardens.

Medication management practices had improved but there were still some actions which needed to be addressed. The use of restraint was now being reported, however, there was a lack of availability of alternative non restrictive equipment, however, some alternatives were being trialled at the time of this inspection. Staffing levels were adequate, agency staff were employed on a less frequent basis as resident numbers had reduced. All volunteers did not have Garda vetting in place or their roles and responsibilities clearly outlined. However, these issues were being addressed within the proposed timescale. Residents' were being consulted with. The activities provided was in the process of being addressed together with the reviewing of some policies and maintenance of records.

The action plans at the end of this report reflect the non-compliances.
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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This non compliance related to the absence of management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The inspector found that additional staff had not yet been recruited. Business cases based on staffing recommendations had been developed and submitted to the Royal College of Surgeons (RCSI) Group Employment Control Committee. The inspector was informed that the posts had not been approved to date however, this was in process and was due to be completed by the proposed timescale of 30 June 2015.

The inspector was provided with written confirmation that Connolly Hospital Residential Services had been approved for a new 100 bedded Older persons residential unit by the Department of Health (DOH) and Health Services Executive (HSE). The inspector was provided with an outline of the project delivery target programme issued by HSE Estates and received written confirmation that the project was on target and at the tendering stage. The construction is due to commence in September 2016 and the project completed in November 2017.

The Person in Charge, the Director of Nursing and the Nurse Practice & Quality Department (NPQD) had met at the end of March 2015 to discuss the introduction and implementation of Nursing Metrics to audit care practices in the Residential Service. The Clinical Nurse Managers (CNMs) had completed one teaching session in April 2015 in relation to carrying out Nursing Metric Audits. Once they had completed the training, the nursing metric was due to be rolled out, beginning, the end of May 2015. Audits would then be completed monthly in each residential unit, peer reviewed and discussed at the 6 weekly meetings with the Registered Provider. The CNMs would attend the two monthly Nursing Metric meetings managed by NPQD to ensure the auditors’ skills
remained current. This plan remained within target date of May 2015.

The inspector saw evidence that two tilt shower chairs had been ordered for each unit. However, they had not been delivered and were therefore not available to residents. The inspector found that maximum dependent residents were not being offered a bath or shower as staff explained there was no equipment available to transport maximum dependent residents with contractures from their bedroom to the assisted shower room. Also, there was no assisted bath accessible to residents on Woodlands. This was having a negative impact on the care provided to residents, as over half of the residents' on Woodlands unit who were assessed as maximum dependent were not receiving a bath or a shower. There care plans stated to offer a bath or shower at a minimum once per week. However, as the facilities to provide maximum dependent residents with a bath or a shower were not available. They were offered a weekly bed-bath instead and records reviewed clearly confirmed this is how their full body was washed once per week. The provision of this equipment was outside the date of completion set by the provider of April 2015.

The inspector was told that the annual review of the quality and safety of care delivered to residents in the designated centre had not been conducted to date but was on course to be completed by 31 May 2015.

Judgment:
Non Compliant - Major

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

Findings:
The contracts of care included the total fee paid by each resident. They were available for review in each residents file signed and dated by the resident and/or their next of kin. This was addressed within the proposed timescale.

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:**
Improvements had occurred under this outcome,

Residents' financial records were now being retained for the required period of seven years and the catering staff roster now included the times worked each day by catering staff. However, the following policies which were found to be past their review date on the registration inspection had not been updated:
- the use of restraint was due to be reviewed by March 2015 as per previous action plan, the following two were due to be updated by end May 2015 and were on schedule to be completed by this date:
- residents' personal property, personal finances and possessions.
- recruitment, selection and vetting of staff.

**Judgment:**
Substantially Compliant

**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
Restrictive practices continued to be used on both of the units. However, staff were
beginning to review alternatives. The inspector saw that each unit had a low, low bed and two crash mattresses on trial use as an alternative to using restraint. The inspector saw evidence of secured funding for the purchase of four low, low beds, two for each unit and some crash mattresses.

The documentation reflecting the use of restraint had improved on one unit but not on the other. Improved records, clearly outlined the alternatives trialled, tested and failed prior to restraint being used. They showed that the restraint was used to maintain the safety of the resident and was in use for the shortest time possible. However, one resident had both bedrails up although the resident was being trialled in a low, low bed and had a crash mattress folded up (not in use) by her bed thus making the trial of alternatives to bedrails ineffective.

Reasonable measures were now in place to protect residents from potential financial abuse as accurate records and/or receipts for all transactions were now being kept. Two staff were checking and signing all inputs and outputs of each resident’s cash. However, there was no evidence that audits of resident’s monies were being completed in either of the two units which the provider stated would be completed in the action plan they submitted.

The inspector was informed the two clinical nurse managers had completed train the trainer in safeguarding of vulnerable residents. They were now going to provide all staff with refresher training. Staff who did not have up-to-date refresher training in place in relation to the detection and prevention of and responses to abuse. The inspector saw that this training was planned for three consecutive days following this inspection.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Three of four actions under this outcome had been addressed. Inspectors noted radiators were not too hot to touch on this inspection. The temperature of a number of radiators accessible to residents were checked and recorded as under forty degrees centigrade, they did not currently pose a risk to residents. However, the estates manager informed the inspector that in order to eliminate any further potential risk, radiators covers were being sought to cover all radiators. The inspector saw evidence
that this was currently at the tendering stage of the process.

Staff told the inspector that they had practiced a fire drill since the last inspection. They described how they practiced an horizontal evacuation of residents. The inspector saw written evidence that this had taken place on both units. The ramp leading from one of the two fire exit doors on Silver Birch remained unchanged, it was covered in moss and lead directly onto grass which was wet and soggy at the time of inspection, staff confirmed they could not use it during a recent practice fire drill. The provider had stated that this would be addressed by 30 April 2015 as it had not been addressed and posed a potential risk to residents in the event of a fire, an emergency action plan was issued to the provider. The response stated that work would commence on the re-configuration of the fire escape ramp on 07 May 2015.

The inspector was informed that all wash hand basins had been fitted with thermostatic control valves. The temperature of hot water taps in wash hand basins was recorded as being below 43 degrees centigrade on both units.

The risk associated with an exposed sharp edge where a radiator in the sitting room in Silver Birch had been removed.

**Judgment:**
Non Compliant - Major

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

**Findings:**
Some improvements in medication management had taken place. Administration practices had improved. The inspector observed medication administration practices and observed that staff were now signing the administration chart after they administered medication to the resident. As mentioned under outcome 5, the medication management policy had not been updated.

All medication prescribing practices did not reflect the medication management policy. Although some improvements had occurred, residents medication charts clearly stated the dose of medication to be administered to the resident. A number of residents in both units were receiving crushed medications however, the individual medications' prescribed for these residents' did not have a corresponding order to crush. The order to crush medications was an overall order signed by the Doctor on the front of the
residents’ chart. This process left room for error, as all prescribed medications were not suitable for crushing. This had not been addressed within the given time scale of 31 March 2015.

Residents medications were being reviewed by a pharmacist on a regular basis. All four medication trolleys had a hygienic device in place to enable staff to crush medications safely. The pistol and mortar was no longer being used to crush medications.

There was no evidence that an audit in relation to medication administration practices had taken place since the registration inspection. There had been no audit carried out in relation to medication errors or near misses therefore there was no learning or evidence of follow-up from these reported medication errors. However, both these action responses were within the proposed time scale of 31 May 2015.

Judgment:
Non Compliant - Major

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

**Findings:**
The Authority were notified at the end of quarter one of all restraint in use in both units. According to this return three residents on each unit has bed rails in use as a form of restraint six residents in total.

**Judgment:**
Compliant

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

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

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The activities coordinator had attended a recent educational course on activities such as drama, art and music. However, the provision of activities had not changed since the registration inspection. There was written evidence that 1:1 activities were provided to dependent residents by both the activities coordinator and care staff, however, this occurred on an ad-hoc basis. The activities co-coordinator worked Monday to Friday and the activities timetable reflected this. There was no one available to provide activities to residents at weekends. The inspector was informed that an internal advertisement had been posted for an healthcare assistant to work with the activities coordinator. The closing date for expressions of interest was 15 May 2015. The proposed timescale for this post to be filled was 30 June 2015.

During the registration inspection the inspector found that residents were not routinely reviewed by a dentist or ophthalmologist. This service was only provided outside of the centre on an as required basis and it was found that the level of service was not adequate to meet the needs of maximum dependent residents' living in the centre. The inspector saw evidence that an ophthalmologist service had been sourced to come into the centre to assess residents and the referral process had been commenced by the person in charge. A dental service had not been sourced to date. None of the residents had had a routine dental assessment. They were only referred to the dentist when they had dental pain. However, the proposed timescale for this to be actioned was 30 June 2015.

Nursing records had improved somewhat from the previous inspection. However, they needed further improvement as mentioned under Outcome 7 the records around use of restraint were not comprehensive enough.

Judgment:
Non Compliant - Major

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

Theme:
Effective care and support

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

**Findings:**
The accommodation provided to residents’ was not adequate. There had been little changes made to the premises since the registration inspection. However, as mentioned under outcome 2 the inspector was provided with written confirmation that Connolly Hospital Residential Services had been approved by the for a new 100 bedded Older persons residential unit by the Department of Health (DOH) and Health Services Executive (HSE). The inspector was provided with an outline of the project delivery target programme issued by HSE Estates and received written confirmation on this inspection that the project was on target and was currently at the tendering stage of the project. The construction was due to commence in September 2016 and the project completed in November 2017.

The number of residents' in each unit had reduced, there was now a maximum of 20 residents being admitted to each unit. The number of residents had reduced from five to four residents’ in each multiple occupancy bedrooms. Hence, each resident had a greater amount of personal space available to them. The amount of communal space available to residents in Woodlands (one of the units) was unchanged. However, the inspector was shown evidence that a new dining room space was planned for development within the unit. The proposed timescale to have this actioned was 31 May 2015.

The amount of storage space available to residents' had not changed since the registration inspection. However, the inspector saw that quotations had been sought to provide each resident with a more appropriate sized individualised storage space for their personal belongings. The proposed timescale to have this actioned was 30 June 2015.

The outdoor space around the Woodlands Unit remained unkept. The grass and flowerbeds were not maintained. The paved pathways were covered in weeds and moss. Inspectors observed that they would pose a potential risk to residents in wet weather. The handrails on either side of the two sloped pathways leading from the veranda to the garden were rusting. The outdoor space outside Silver Birch, was not safe or secure for residents to use. For example, to the left and right of the garden fence there was a large gap in the fence that any person could easily enter or exit. The inspector saw evidence that there were plans in place to do some maintenance work on this outdoor space imminently. The proposed timescale to have this actioned was 31 May 2015.

The centre did not have a bath suitable to meet the needs of maximum dependent residents’; each unit had assisted showers and although, shower trolleys had been purchased staff told the inspector that they were not used as residents' found them too uncomfortable and were unable to sit on the standard shower chairs. Therefore, a number of maximum dependent residents did not have access to a bath or a shower. Staff told the inspector and written evidence reviewed showed that these residents’ were not receiving a bath or a shower instead they had a full bed bath and their hair washed once per week. The reason why these residents’ did not receive a bath or a shower was due to a lack of appropriate equipment being available to meet the needs of
the maximum dependent residents’ living in the centre. This had not changed as an assisted bath or tilt chairs had not been provided to date. This action was outside the proposed action date of 30 April 2015.

The smaller of the two shower rooms in Silver Birch was in a poor state of repair with some wall tiles missing and others cracked around the shower area. The inspector saw evidence that there were plans in place to do some work to this shower room imminently. The proposed timescale to have this actioned was 31 May 2015.

The number of assisted toilets was now adequate to meet the needs of maximum dependent residents’ in each unit as the maximum number of residents on each unit had been reduced to twenty.

**Judgment:**
Non Compliant - Major

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

**Findings:**
The inspector observed staff on both units assisting residents at breakfast and lunch time. Assistance provided was in line with best practice.

**Judgment:**
Compliant

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

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

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector saw that residents had attended a meeting chaired by an independent advocate since the last inspection. There were no issues raised at this meeting which required follow-up.

The inspector reviewed two residents files and found that their preferred activities were recorded. The activities coordinator stated that residents had been consulted about the activities timetable on an informal basis. They planned to revise the activities timetable once the activities assistant was employed and planned to keep more comprehensive records of who attended and enjoyed what sessions. The activities coordinator had obtained new ideas from attending a recent educational course some of which she planned on introducing to both units.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
As mentioned under outcome 12 the amount of storage space available to residents' had not changed since the registration inspection. However, the inspector saw evidence that funding had been secured to purchase a storage unit for each resident. Evidence of quotations obtained to provide each resident with a more appropriate sized individualised storage unit were shown to the inspector. The proposed timescale to have this actioned was 30 June 2015.

Judgment:
Substantially 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:
Issues identified under this outcome were in the process of being addressed they all remained within the proposed timescale of As mentioned under Outcome 5 the hours worked by catering staff was clear on the catering staff roster. There were not enough permanent staff working in the centre to cover all shifts inclusive of when staff were on leave and this led to a number of shifts each week being covered (on both units) by agency staff. Staff told inspectors that qualified staff on leave were replaced by agency care assistants. This led to a lack of continuity of care for residents.

As mentioned under Outcome 7 some staff had not had refresher elder abuse training since 2010, this was scheduled for three consecutive days following this inspection.

Permanent staff were not adequately supervised as they and management confirmed that they did not have supervisory personal development meetings with their manager on a regular consistent basis. The inspector was shown a competency assessment document created to assess staff nurses a tool to assess health care assistant had not been sourced to date and no supervisory meetings had taken place.

There were a number of volunteers coming into the centre to assist residents'. They provided assistance to residents at meal times and also assisted with the provision of activities. A review of there files was in progress to ensure each volunteer had evidence of Garda vetting and an outline of their roles and responsibilities.

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.

_Retport Compiled by:_

Sheila McKevitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
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:
There were no management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored; actions to address staff shortages were on target for June 2015, new build was on target for Nov 2017, nursing metrics audits were on target for May 2015 and showers/tilt chairs had not been made available for residents use and the agreed time frame had expired.

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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(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. An annual review quality of care meeting took place on the 21/05/2015. The agenda focused on safe quality care and improvements required to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was attended by the key stake holders which included the Registered Provider, Person In Charge, Director of Nursing, CNMs, Activities Coordinator, Clinical Service Manager who also represented Speech & Language Therapist, Head of Occupational Therapy & Occupational Therapist, Head of Physiotherapy and Physiotherapy, Dietician and Pharmacist.

2. Two tilt shower chairs had been purchased and delivered to each residential unit on 21/05/2015 and are currently being used by residents.

3. Nurse Practice & Quality Department are currently training CNMs in Nursing Metrics data collecting. This action is in process and on target. This will capture data in relation to Medication Custody & Storage and Medication Management in relation to prescribing dispensing and administration practices, Nursing Documentation, Assessments & Care Planning, Pressure Ulcer Metrics, Falls Metrics, and Restraint Assessment & Monitoring. Nursing Metric data collection will go live in June 2015 and will be inputted before month end and data will be collected monthly thereafter. Nursing Metrics reports will be made available to HIQA inspectors during site visits. Nursing Metrics reports will be discussed at the two monthly Quality of Care Meetings and at Annual Review of Quality of Care meetings and will inform quality of care improvements that need to be implemented on an ongoing basis.

4. Business cases for the recruitment of additional permanent staff have been submitted to the RCSI Hospital Employment Control Group.

5. Time frame for building of new 100 hundred bed residential unit on Connolly Hospital site is on target. HSE Estates will provide HIQA with regular updates regarding the completion of each phase of the process if required.

Proposed Timescale: 30/11/2017
Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of 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.
**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 Quality of Care meeting took place on the 21st May 2015. The agenda focused on safe quality care and improvements required to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was attended by the key stake holders which included the Registered Provider, Person In Charge, Director of Nursing, CNMs, Activities Coordinator, Head of Occupational Therapy & Occupational Therapist, Head of Physiotherapy and Physiotherapy, Dietician and Pharmacist & Clinical Service Manager who also represented Speech & Language Therapist. See attached minutes.

**Proposed Timescale:** 21/05/2015

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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:**
Three policies held in the centre were past their review date.

**Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
1. Restraint Policy was reviewed updated and submitted to HIQA on 22/05/2015.
2. Personal Property updated and submitted to HIQA on 29/05/2015.
3. Recruitment, Selection and Vetting of Staff updated and submitted to HIQA on 29/05/2015.

**Proposed Timescale:** 29/05/2015

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**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The minimum restrictive practices were not in use on both units as there was no alternative equipment available for staff to use.

Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
Trialling of low low beds with crash mats has commenced in both residential units. Orders have been placed for two low low beds and four crash mattresses in each residential unit. This will ensure that minimum restrictive practices are being used on both units and appropriate alternative equipment is available to carry our assessments in relation to restrictive practices in line with National Policy. The low low beds and crash mattresses that are currently on trial will remain on site for use by residents until new low low beds and crash mattresses are delivered.
Trial of low low beds and crash mattresses is completed 15/06/2015 for delivery of 4 low low beds and 8 crash mattresses.

Proposed Timescale: 15/06/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records available with regard to the use of bed rails did not indicate that there use was in line with National policy.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All residents care plans in relation to use of restraint has been reviewed by the CNMs. These are now in line with National Policy. The nursing services team are engaging with Occupational Therapy & Physiotherapy staff on an ongoing basis when residents are being assessed in relation to the use of restraint. These care plans will form part of the Nursing Metric data collection and findings will inform practice and ensure that minimal restrictive practices are in use in the residential services in line with best practice and National Policy.

Proposed Timescale: 03/06/2015
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A number of staff did not have up-to-date refresher training in place in relation to the detection and prevention of and responses to abuse.

**Action Required:**  
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**  
All staff in Woodlands & Silver Birch have now attended up to date training in the detection and prevention of and responses to abuse by end of May 2015. All staff will remain current in their training in relation to detection and prevention of and responses to abuse and attend this training yearly.

**Proposed Timescale:** 29/05/2015

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>There were no regular audits on the management of residents monies in either of the two units, hence residents were not being protected from potential financial abuse.</td>
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<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Both CNMs now audit each other’s residential units on a monthly basis in relation to management of residents’ money (i.e. petty cash) to ensure residents are being protected from potential financial abuse. From May 2015, this will be verified by the Person in Charge on a monthly basis. The results of these audits will be discussed at the two monthly Quality of Care meetings.</td>
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<td><strong>Proposed Timescale:</strong></td>
<td>29/05/2015</td>
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**Outcome 08: Health and Safety and Risk Management**

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe care and support</th>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in</strong></td>
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the following respect:
The means of escape on Silver Birch was not adequate as the fire ramp leading from the exit was covered in moss and lead onto a grass surface.

Action Required:
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
A new pathway has been constructed from Silver Birch fire exit door along the exterior side of the building up to the main entrance to provide adequate means of escape in the event of an evacuation. This work was completed on the 12/05/2015. Photographic evidence of completion of this works is attached. The Estates Department will maintain and keep the pathway clear of moss throughout the year.

Proposed Timescale: 12/05/2015

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:
Residents’ prescription charts did not clearly indicate what specific medications could be crushed.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
The pharmacist has reviewed all residents’ medication prescriptions. All residents’ prescription charts now clearly indicate what specific medications can be crushed.

Proposed Timescale: 14/05/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no system in place for reviewing and monitoring safe medication management.
**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The pharmacist has reviewed all residents’ prescribed medications in conjunction with the medical and nursing team. All recommended haematological and biochemical investigations have been carried out and results have been reviewed by the medical team. The pharmacist will continue to review all residents’ medication prescriptions as required. The pharmacist is available on site Mon- Fri if any queries arise in relation residents medical prescriptions. This action is complete.
The pharmacist is currently compiling a list of all medications commonly used in the residential units that can be crushed and is to be completed 30 /06/2015. This will be made available to the each residential unit.
The introduction of the Nursing Metrics will capture medication custody, storage prescribing and administration of medications and practices. The data collection will be reviewed by the Person In Charge on a monthly basis to monitor and ensure safe medication practices. The data collected will inform learning by facilitating review of medication errors. The policy for reporting medication errors as outlined in the Medication Management Policy and Clinical Incident Reporting is required to be adhered to at all times by staff working in the residential units.

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

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no system in place to audit medication errors/near misses and therefore no opportunity for learning from these incidents.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The policy for reporting medication errors as outlined in the Medication Management Policy and Clinical Incident Reporting is required to be adhered to at all times by staff working in the residential units. All medication errors & near misses will require Clinical Incident Reports to be completed and sent to the Quality Safety & Legal Department in Connolly Hospital following discussion with the Person In Charge. The introduction of the Nursing Metrics will capture medication custody, storage prescribing and administration of medications and practices. The data collected will be
reviewed by the Person In Charge on a monthly basis to monitor and ensure safe medication practices. The data collected will inform learning by facilitating review of medication errors. The Nursing Metrics results in relation to Medication Management, Safe Custody, Storage, Prescribing and Administration which will capture medication errors, will be discussed at the two monthly Quality of Care meetings with the Registered Provider. This meeting is also attended by the Pharmacist and there will be a learning forum for medication errors at this meeting. The Nurse Practice & Quality Department and Pharmacy will provide training and education sessions for all staff involved in medication management errors to improve practice and ensure safe medication practices. Nursing Metrics is going live this month in both residential units and results will be discussed at next Quality of Care meeting. It is the current practice that all medication errors & near misses require Clinical Incident Reports to be completed and discussed with the Person In Charge. This is an ongoing practice. These clinical incidents reports will also be discussed at the two monthly Quality of Care meetings.

Proposed Timescale: Immediately for completion & discussion of clinical incident reports.

Monthly from June onwards for Nursing Metrics to capture Medication Management, Safe Custody, Storage, Prescribing and Administration Practices.

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**Proposed Timescale: 03/06/2015**

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**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:**
Maximum dependent residents did not have routine dental check-ups as they did not have access to a dentist for non urgent treatments.

**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:**
A Service Led Agreement is being developed to address the provision of routine dental check-ups and non urgent treatments for residents that cannot attend their community dentist. The Registered Provider has a planned meeting with a local dental provider on 08/06/2015 to agree the commencement of a domiciliary service to residents in Connolly Hospital. This service should be in place by the end of June 2015.

**Proposed Timescale: 30/06/2015**
Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The activities provided did not meet the needs of residents in attendance as the levels of 1:1 interaction was minimum.

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:
An additional staff member is currently being recruited to provide the activities to residents. Interviews have taken place on 29/05/2015. The additional member of staff will commence work on week of 08/06/2015. This will increase the range of activities available to meet needs of residents in a meaningful way and reduce feelings of social isolation for residents that are unable or do not wish to participate in group activities.

Proposed Timescale: 08/06/2015

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The social care needs of residents’ were not been met at weekends or when the activities person was on leave.

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:
An additional staff member is currently being recruited to provide activities to residents. Interviews have taken place on 29/05/2015. The additional member of staff will commence week of 08/06/2015. This will increase the range of activities to meet needs of residents in a meaningful way and reduce feelings of isolation for residents that do not participate in group activities. Meaningful activities will be extended to the weekends in particular for residents that do not participate in group activities. With the addition of the 2nd staff member to the activities team this will allow for activities to be delivered to residents on a continuous basis.
**Proposed Timescale:** 08/06/2015

### 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:**
The physical design and layout of the premises did not meet the needs of each resident.

**Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
1. HSE Estates are progressing on the new building plan to address the physical design and layout of the premises. This is on schedule for completion by November 2017. HSE Estates will keep HIQA informed regarding completion of each phase of the process.
2. In the interim period additional dining facilities are being created in Woodlands to improve the recreational facilities available for residents.
3. Bedroom occupancy has been reduced to a maximum of 4 residents in each bedroom. Completed.
4. Additional wardrobes have been order for each resident for their personal belongings. These will be delivered on a phased basis over the next five weeks.

**Proposed Timescale:**
1. November 2017
2. 08/06/2015
3. 30/06/2015

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**Proposed Timescale:** 30/11/2017

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises was not kept in a good state of repair externally or internally.

**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:**
HSE Estates are progressing on the renovations for the bathroom, dining room and garden area to address the physical design and layout of the premises in Woodlands. The bathroom upgrade is complete. The shirting boards on the corridors have been painted. The garden works in Woodlands is complete. The pathways and decking have been power washed. The pathway has been re-sanded. The shrubbery and foliage has been cut back and flower beds have been weeded. The decking has been re-varnished. The hand rails at either end of the garden have been painted with weather proof black hammerite paint. The gardens will be maintained throughout the growing season. The shrubs will be trimmed at the end of the growing season and the gardens will have an autumn clean up. Each spring the gardens will be refreshed for the spring and summer season. The Estates Department will organise for this work to be carried out during the changing seasons. The dining room renovations are at an advanced stage of completion. All the stored goods have been relocated within Woodlands. The partitions have been removed and old tiles have been removed from the floor. New floor covering will be applied, the room will be painted and additional fire door will be fitted. Room should be ready for use as a dining room on 08/06/2015.

**Proposed Timescale:** 08/06/2015

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Adequate sitting, recreational and dining space separate to the residents’ private accommodation was not provided.

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

**Please state the actions you have taken or are planning to take:**
The dining room renovations are at an advance stage of completion. All the stored goods have been relocated within Woodlands. The partitions have been removed and old tiles have been removed from the floor. New floor covering is being applied, the room is being painted and additional fire doors are being fitted. The dining room should be ready for use on 08/06/2015. Once the dining room is in use this will facilitate the existing sitting room to be used more appropriately for sitting and recreational facilities.

**Proposed Timescale:** 08/06/2015

**Theme:**
Effective care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate storage facilities for the use by each resident was not provided.

**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:**
New wardrobes have been ordered for all residents in Woodlands & Silver Birch to increase personal storage facilities. Each resident will have an individual wardrobe with a lockable press within it. All wardrobes are being made to scale and will be delivered on a phased basis to the residential units over the next five weeks. Time frame for completion is 30/06/2015.

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

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no assisted baths available to meet the needs of the maximum dependent residents living in the designated centre.

**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:**
1. Tilt shower chairs have been purchased to meet the needs of residents with maximum dependency. Two Tilt shower chairs were delivered to each residential unit on the 21/05/2015. The Occupational Therapist and nursing staff are assessing residents on an ongoing basis that currently have a preference for bed baths to encourage use of new tilt shower chairs or shower trolleys. Residents’ preferences and choice will be observed by staff regarding managing their personal hygiene. Future residents whose preference is for an assisted bath will not be admitted to Woodlands as their choice and preference in relation to bathing care needs cannot be met there.
2. HSE Estates are progressing on the new building plan which will include assisted baths.
   1. Completed 21/05/2015
   2. New Build November 2017

**Proposed Timescale:**
**Theme:** Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Appropriate equipment had not been sourced to transport maximum dependent residents from bed to an assisted shower.

**Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
Tilt shower chairs have been purchased to meet needs of residents with maximum dependency. Two Tilt shower chairs were delivered to each residential unit on the 21/05/2015. The Occupational Therapist and nursing staff are assessing residents on an ongoing basis that currently have a preference for bed baths to encourage use of new tilt shower chairs or shower trolleys.

**Proposed Timescale:** 21/05/2015

**Outcome 17: Residents' clothing and personal property and possessions**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents did not have adequate storage space for their personal belongings.

**Action Required:**
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

**Please state the actions you have taken or are planning to take:**
New wardrobes have been order for all residents in Woodlands & Silver Birch to increase personal storage facilities. Each resident will have an individual wardrobe with a lockable press within it. All wardrobes are being made to scale and will be delivered on a phased basis to the residential units over the next five weeks. Time frame for completion is 30/06/2015.

**Proposed Timescale:** 30/06/2016

**Outcome 18: Suitable Staffing**

**Theme:**
The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was not enough permanent staff employed to cover staff leave therefore each month a number of shifts were been covered by agency staff leading to lack of continuity of care for residents.

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:  
Business cases have been developed and submitted to the RCSI Hospital Employment Control Group. Once approval is give for employment additional staff will be recruited through the National Recruitment Service in line with HSE employment policy.

Proposed Timescale: 30/06/2015  
Theme:  
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Staff were not appropriately supervised, there was no regular consistent individualised staff supervisory meetings taking place.

Action Required:  
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:  
The CNM are carrying out individualised staff competencies assessments in relation to professional development, front line management, care provision & management, and professional ethical & legal practice. Nursing metrics will generate a report for staff to learn from their practice in relation Medication Custody & Storage and Medication Management in relation to prescribing dispensing and administration practices, Nursing Documentation, Assessments & Care Planning, Pressure Ulcer Metrics, Falls Metrics, and Restraint Assessment & Monitoring.

Proposed Timescale: 30/06/2015  
Theme:  
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement
Staff in one of the units had not had refresher elder abuse training since 2010.

**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:**
All staff in Woodlands & Silver Birch has attended up to date training in the detection and prevention of and responses to abuse by end of May 2015. All staff will remain current in their training in relation to detection and prevention of and responses to abuse and attend this training yearly.

**Proposed Timescale:** 29/05/2015

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All volunteers did not have a vetting disclosure.

**Action Required:**
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
All volunteers forms been submitted to the Human Resources Department for vetting disclosure. These forms have been sent to the National Vetting Bureau for processing Submission to National Vetting Bureau Completed

**Proposed Timescale:** 29/05/2015

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All volunteers did not have their roles and responsibilities set out in writing

**Action Required:**
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
All volunteers have their roles and responsibilities set out in writing and are stored in
their volunteer files in the Human Resources Department.

**Proposed Timescale:** 29/05/2015