

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Centre address:	Kanturk, Cork.
Telephone number:	029 500 24
Email address:	margaretb.fitzgerald@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	John Greaney
Support inspector(s):	Vincent Kearns
Type of inspection	Announced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	8

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 February 2015 09:00	05 February 2015 18:00
06 February 2015 08:30	06 February 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Kanturk Community Hospital was a single storey, 40 bedded facility situated on the outskirts of the town. The inspection was carried out over the course of two days by one inspector on the first day and two inspectors on the second day. During this inspection, which was a renewal of registration inspection, the inspectors met with a number of residents, relatives and staff members. The inspectors observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

A number of completed questionnaires were received from residents and relatives and the overall feedback was complimentary of the care provided. This was supported by positive feedback given to the inspectors by residents and relatives on

the days of the inspection.

Overall the findings of this inspection indicated that residents received care to a good standard, however, the premises posed significant challenges to staff to respect the privacy of residents and provide care in a dignified and respectful manner due to the multi-occupancy nature of the bedrooms, the close proximity of beds to each other within the multi-occupancy bedrooms, the design and layout of the centre that involved residents bedrooms being used as thoroughfares to access other bedrooms, the limited access to suitable sanitary facilities, the absence of suitable storage for residents personal property, the absence of suitable secure outdoor space and the lack of general storage for equipment. The action plan submitted by the provider in relation to the premises and specifically the response to the action under Regulation 17 (1), 17 (2), 09 (3) (b) and 12 (c) did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish the response to this action and is considering further regulatory action in relation to this issue.

Additional required improvements included:

- review of quality and safety
- contracts of care
- staff training
- emergency plan
- risk management
- infection prevention and control
- fire safety practices
- care planning
- meals and mealtimes
- visiting times
- staffing levels

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service to be provided and contained all of the items specified in the regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence of adequate resources to support the effective delivery of care. There was a clearly defined management structure with effective reporting arrangements. The person in charge reported to the provider nominee, formally through quarterly meetings, and also informally through phone calls. As the provider nominee had only been recently appointed the first of these meetings had yet to be convened. The person in charge was supported in her role by an acting clinical nurse manager.

Two audits had recently been completed, one on medication management and the other on care plans. Both audits identified that some improvements were required, however, there was no associated action plan identifying who was responsible for implementing the improvements or a timeframe within which the improvements would be achieved. As will be further discussed under outcome 16, there were regular residents' meetings, however, there was no associated action plan or documentation to demonstrate that the issues raised by residents at these meetings were addressed. The inspectors were not satisfied that the review of quality and safety was sufficiently comprehensive to support an effective quality improvement process.

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 guide to the centre available to residents. Contracts of care had been issued to each resident or their representative, three of which remained to be signed and returned. The contracts detailed the services to be provided and the fees to be charged, however, while an additional fee was specified in the contract to be paid on admission and intermittently thereafter, the purpose of the additional fee was not specified.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by registered nurse who worked full time and had the required experience in the area of nursing of the older person. The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection, the person in charge was seen to interact with residents and it was evident that residents were familiar with her. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, the inspector was satisfied that there was substantial compliance with the regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

Records were accurate, up-to-date and were kept secure but easily retrievable. A record was maintained of all visitors to the centre. The Directory of Residents contained all the items specified in Schedule 3 of the Regulations and an insurance certificate was submitted as part of the registration process indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

All of the operating policies and procedures listed in Schedule 5 of the regulations were available, were regularly reviewed and staff members spoken with demonstrated adequate knowledge of the policies and procedures.

Judgment:

Compliant

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:

There was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge was supported in her role by a clinical nurse manager who would take charge of the centre in the absence of the person in charge.

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:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Personnel records indicated that staff members had been appropriately vetted. While some staff had attended training on recognising and responding to abuse, a significant number of staff were overdue training. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of an allegation of abuse. The person in charge confirmed that there had not been any reports or allegations of abuse.

Inspectors reviewed a sample of residents finances and there were appropriate records

available to demonstrate that these were managed appropriately and transparently. There was a policy in place to guide practice in relation to the use of restraint. The only restraint in use was in the form of bedrails and there were records of risk assessments prior to the use of restraint and records of safety checks while restraint was in place. There was a policy on the management of challenging behaviour and event though only a small number of residents presented with challenging behaviour, staff training records did not indicate that staff attended training on the management of challenging behaviour as a component of a programme of professional development appropriate to their role.

Judgment:

Substantially 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):

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

Findings:

There was an up-to-date safety statement. There was no plan in place for responding to emergencies or major incidents likely to cause death or serious injury, serious disruption to essential services or damage to property, as required by the regulations.

There was a risk management policy, however, it did not address the items specified in the regulations. This was also a finding at the last inspection. There was insufficient evidence that the risk management policy was fully implemented in practice. For example, the policy stated that there should be a safety committee, however, records indicated that no meetings had taken place for approximately two years. Even though there was a risk register in place that identified risks and the measures in place to control the risks specified, the register did not always address the risks to residents. For example, there are two slopes on the main corridor that may pose a risk of falling to residents with a mobility impairment, however, the risk register only addressed the risk of injury to staff. Over the course of the inspection, inspectors observed a number of other areas for improvement in relation to the management of risk and the system for monitoring safety, including:

- a number of doors were found to be repeatedly left unlocked to areas that could pose a risk to residents, such as the sluice room and the housekeeping room where residents with a cognitive impairment could have access to unsafe materials
- there was no system in place to verify that electronic door locks were functioning and one of these doors was found to be non-functioning on the second day of inspection
- there was no system in place to ensure that electronic tags that automatically locked

doors if residents attempted to leave and were worn by residents at risk of absconion, were functioning appropriately.

Inspectors reviewed the fire safety register that indicated a programme of preventive maintenance for the fire alarm system, emergency lighting and fire safety equipment. Training records indicated that a significant number of staff were overdue fire safety training and records indicated that fire drills were held infrequently. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire. Records indicated that the fire alarm was sounded weekly. There were no records available of a process of ensuring that fire exits were free from obstruction and fire exits and fire safety equipment were seen to be obstructed on the days of inspection.

The centre appeared to be generally clean throughout, however, some improvements were required in relation to infection prevention and control. For example:

- personal hygiene products such as shampoo were stored in large containers in each of the communal showers/bathroom which were for general use by all residents. This practice poses a risk for cross contamination and does not promote dignity for residents
- there were three sluice rooms, however not all had hand washing facilities, the wall tiles were damaged in one, not all contained sluice sinks and there was inadequate racking for storing bedpans and urinals following cleaning
- the walls of the skylight in one of the toilets/showers had a thick coating of mould like substance
- a mask used by a resident with sleep apnoea was stored on the back of the door of a communal shower cubicle
- equipment such as commode chairs and laundry skips were stored in bathrooms.

Records indicated that all staff had received up-to-date training in manual handling.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There were written operating policies and procedures relating to the ordering, prescribing, storing and administration of medicines. Medications requiring special control measures were managed appropriately and were counted at the end of each shift. There were adequate procedures in place for the return of unused/out-of-date drugs to the pharmacy. Medication administration practices observed by inspectors were

in compliance with relevant professional guidance. Nurses did not transcribe drugs and there were no residents that self-administered medications.

Medications were supplied to the centre by one pharmacy, however, if residents requested they could use a pharmacy of their choice. As discussed in outcome 2, a medication audit had recently been carried out, however, there was no associated action plan to ensure issues identified for improvement were addressed. A review of a sample of prescription and administration records indicated that most of the required information was included on prescriptions and administration charts. However, a small number of prescriptions did not contain the maximum dosage for PRN (as required) medications and where medications were being crushed prior to administration, this was not always prescribed.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents and accidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector in accordance with statutory requirements.

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):

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

Findings:

Residents had good access to general practitioner (GP) services and there was evidence of regular reviews. There was evidence of referral and review by allied health/specialist services such as physiotherapy, speech and language therapy, palliative care, occupational therapy and dietetics. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

The inspectors were satisfied that residents' health and social care needs were regularly assessed and care was delivered to a good standard. Based on a sample of residents' nursing records reviewed by the inspector, residents were regularly assessed using standardised assessment tools. Written nursing care plans were in place for each resident, however, not all of the issues identified on assessment were addressed in care plans. For example, one resident was identified at risk of developing a pressure sore and had a dressing in place, however, this was not adequately addressed in the care plan.

Daily nursing notes were maintained and demonstrated that evidence-based nursing care was provided and residents' progress was closely monitored. The nursing records indicated that if a resident deteriorated it was quickly identified and managed appropriately.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

Kanturk Community Hospital was a single storey, 40 bedded facility situated on the outskirts of the town. Bedroom accommodation comprised six single bedrooms, one four-bedded room (Edel Quinn), one six-bedded room (St. Mary's), one seven-bedded room (St. Theresa's), one eight-bedded room (St. Patrick's) and one nine-bedded room

(St. Oliver's). One of the single bedrooms was located off the main nurses station and was the designated palliative care room.

Communal facilities comprised a sitting room/dining room, a conservatory and a small sitting/visitors room. Sanitary facilities comprised three showers, two assisted baths and seven toilets, one of which was located in one of the shower rooms. There was also a small toilet off one of the multi-occupancy rooms that was the designated staff toilet. There was an outdoor area with garden furniture, however, it was located beside the entrance driveway and was not secure, so it was unsuitable for use by residents, unsupervised. There were adequate catering facilities for preparing residents' food and the laundry was spacious enough for the segregation of clean and dirty linen.

There was a large chapel that was suitably decorated and maintained to a good standard.

In general the centre was bright, clean and in a good state of repair. There were overhead hoists in a number of the bedrooms and assistive equipment such as mobile hoists, wheelchairs and speciality seating was available for residents. While there were records available to demonstrate the preventive maintenance of some equipment such as beds, overhead hoists, security tags and wheelchairs, records indicated that mobile hoists were significantly overdue preventive maintenance.

Overall inspectors were not satisfied, and the provider nominee agreed, that the design and layout of the premises promoted residents' dignity, independence and wellbeing for the following reasons:

- even though there were six single bedrooms, five of these could only be accessed by going through either St. Mary's or St. Theresa's units
- St. Oliver's (nine-bedded) unit could only be accessed by going through St. Patrick's
- bedroom accommodation was predominantly multi-occupancy and there was inadequate space between a number of the beds to accommodate chairs or visitors, or to comfortably manoeuvre assistive equipment such as wheelchairs
- the proximity of the beds to each other in the multi-occupancy rooms did not support the privacy and dignity of residents while they were in receipt of personal care
- most of the residents did not have wardrobes for personal clothing and there was insufficient space for wardrobes should they be made available
- one of the assisted bathrooms was insufficient in size to manoeuvre assistive equipment such as hoists or speciality chairs and would therefore be unsuitable for use by a number of residents
- there were inadequate communal facilities, as on the days of the inspection inspectors observed 18 residents having their lunch in the communal rooms and there would be insufficient space for all residents to dine there should they wish to do so
- there were inadequate storage facilities for equipment such as hoists, linen skips, commode chairs and some of these were inappropriately stored in various locations throughout the centre, such as in bathrooms and corridors
- as already stated there was no safe outdoor space for residents
- while there were televisions in all of the bedrooms, due to the location of the televisions and the design and layout of bedrooms, they were not viewable by all residents
- toilets and bathrooms were not conveniently located for residents, for example, there

was only one toilet that was suitably located for residents accommodated in St. Oliver's unit

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an up-to-date complaints policy that included an independent appeals process. There was a notice on display outlining the complaints process and the contact details of the person responsible for managing complaints. Inspectors reviewed the complaints log that only contained a small number of complaints. The person in charge confirmed that the centre had only recently introduced the complaints log and that previously all complaints were not recorded.

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:

There were policies and procedures in place for end of life care and staff were supported to attend end of life training.

Religious and cultural practices were facilitated, for example, a religious service was held weekly in the centre for those residents that wished to attend and residents were

supported to access a member of the clergy, when required.

As stated previously under Outcome 12, most residents were accommodated in multi-occupancy rooms, however, there were six single rooms in the centre and one of those was the designated palliative care room. This was located close to one of the nurses stations. Residents and friends were facilitated to remain with residents as they approached end of life.

Residents had good access to the services of a GP and there was evidence of regular review, with more frequent reviews as residents approached end of life. Residents had good access to palliative care services, with evidence of referral and review.

Based on a review of records and the observations of inspectors residents received a good standard of nursing care. In a sample of care plans reviewed by inspectors, end of life care was addressed, however, not all issues relevant to end of life care were addressed. For example, in the care plan of one resident the section for addressing the resident's wishes was not completed. this action is addressed under Outcome 11.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

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

Findings:

There were policies and procedures in place for monitoring and documenting residents' nutritional status. Residents nutritional status was monitored through regular weighing and the use of a standardised tool for assessing risk of malnutrition. Residents had good access to the services of speech and language therapy and dietetics and there was evidence of referral and review.

Residents had a choice of food at mealtimes, food appeared to be nutritious and was available in sufficient quantities. Residents requiring assistance were assisted in an appropriate and discreet manner. While there was an adequate system in place for communicating the prescribed diet for residents to all staff, including catering staff, improvements were required to ensure that modified diets were prepared in compliance with modified diet consistency descriptors. For example, it was not clearly identified

what residents were prescribed a regular diet and what residents were prescribed a soft diet.

As stated previously in Outcome 12, residents had their meals in the dining room/sitting room and the conservatory, however, there was insufficient dining space for all residents to dine there should they wish to do so. There were no separate dining facilities. Staff confirmed that residents' breakfasts commenced at 08:15hrs each morning and some residents were awoken from their sleep. One resident stated that he wouldn't mind sleeping for a little longer in the morning. Inspectors were not satisfied that mealtimes were based on the expressed preferences of residents and were scheduled based on staff routines rather than individual preferences.

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:

There was evidence of consultation with residents through regular residents' meetings that were facilitated by an external organisation. Based on a review of a sample of minutes from residents' meetings, it was not possible to determine if all issues raised were addressed or that feedback was put into practice.

Due to the design and layout of the centre, for example, the multi-occupancy rooms, the proximity of beds to each other and the lack of storage space for personal property and possessions, it was difficult for staff to support the privacy and dignity of residents during care delivery. However, staff supported residents' dignity as much as possible within the constraints of the premises and were seen to be respectful and courteous in their interactions with residents.

Visiting was restricted to 13:00hrs to 15:30hrs and 17:30hrs to 20:30hrs each day except for visitors that assisted residents with their meals. This is not in compliance with the regulations which stipulate that visiting should not be restricted unless this has been requested by the resident or visiting poses a risk to residents.

There was a programme of activities available to residents. As already discussed under outcome 15, routines and practices were led by routine and resources of the service rather than residents wishes, such as the time that breakfast is served.

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:

There was a policy on the management of residents' personal property and possessions. Records were maintained of personal property and possessions for some, but not all, residents. Where records were maintained these were not always signed by staff and residents/relatives.

There were adequate laundry facilities and systems in place to support the return of residents' own clothes following laundering. However, there was inadequate wardrobe space for residents to store their clothing and many residents did not have wardrobes in their bedrooms.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Inspectors reviewed the staff roster, observed practices and interviewed staff. There were 10 staff scheduled to provide care to residents each morning and afternoon, however, there were usually only three staff on duty from 18:00hrs to 20:00hrs. Due to the number of residents that were assessed as being of maximum dependency, inspectors were not satisfied that there were sufficient staff on duty, particularly from 18:00hrs to 20:00hrs each day. This was also a finding on previous inspections however, this issue was not satisfactorily addressed.

The person in charge was not included in the staff roster, so it was not possible to determine from the roster when she was present in the centre. Additionally the clinical nurse manager was not identified by role on the roster.

Inspectors reviewed training records and as identified previously under relevant outcomes of this report, not all staff had received up-to-date training in fire safety and the recognition and response to abuse. It was also identified from training records that there was minimal engagement with other training to support professional development in relation to the care to be provided to dependent older people, such as responding to challenging behaviour and dementia care.

A sample of staff files were reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with the regulatory professional body was in place for all nurses.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Kanturk Community Hospital
Centre ID:	OSV-0000572
Date of inspection:	05/02/2015
Date of response:	08/06/2015

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The inspectors were not satisfied that the review of quality and safety was sufficiently comprehensive to support an effective quality improvement process.

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

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

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:

There will be an annual review of the quality and safety of care delivered to residents in Kanturk Community Hospital to ensure that such care is in accordance with relevant standards. This will involve a review of care plans and an audit of the feedback received from residents & relatives will form part of this review. Clinical Audit training will be provided in June 2015.

Proposed Timescale: 01/07/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

An additional fee was specified in the contract of care to be paid on admission and intermittently thereafter, however, the purpose of the additional fee was not specified.

Action Required:

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

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

Additional Fees (for additional services) has been amended on the Contract of Care, it now reads: "Hairdressing, Chiropody and other services will be provided and the costs are outlined in Appendix 1 of the contract.

Proposed Timescale: 13/04/2015

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:

Staff training records did not indicate that staff attended training on the management of challenging behaviour as a component of a programme of professional development appropriate to their role.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

that is challenging.

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

All staff will attend training on the management of Challenging Behaviour.

Proposed Timescale: 01/10/2015

Theme:

Safe care and support

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

A significant number of staff were overdue training on the recognition and response 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:

Training on the recognition and response to abuse is ongoing, staff who require refresher training will be provided with same. First training day is planned for 26/5/15, and two training days are scheduled for Aug 2015

Proposed Timescale: 01/09/2015

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 plan in place for responding to emergencies or major incidents likely to cause death or serious injury, serious disruption to essential services or damage to property, as required by the regulations.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

An Emergency Plan will be adopted to reflect the response to emergencies or major incidents.

Proposed Timescale: 01/06/2015

Theme:

Safe care and support

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

There was a risk management policy, however, it did not address the items specified in the regulations.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The person in charge will bring Risk Management policy up to date and include actions to be taken to control abuse. National Policy and Procedures on Safeguarding Vulnerable Persons at risk of abuse, and local policies are in place for staff.

Proposed Timescale: 31/08/2015

Theme:

Safe care and support

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

There was a risk management policy, however, it did not address the items specified in the regulations.

Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

The risk management policy will include the measures and action in place and identify additional measures to control the unexplained absence of any resident.

Proposed Timescale: 31/08/2015

Theme:

Safe care and support

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

There was a risk management policy, however, it did not address the items specified in

the regulations.

Action Required:

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

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

The Risk Management Policy will be updated to include the measures and actions in place to control accidental injury to residents, visitors or staff

Proposed Timescale: 31/08/2015

Theme:

Safe care and support

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

There was a risk management policy, however, it did not address the items specified in the regulations.

Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

Staff will attend training on the one day programme on the Professional Management of Aggression and Violence offered by the HSE. The revised Risk Management will include the measures and action in place to control aggression and violence and identify additional measures, if required.

Proposed Timescale: 31/8/15 Training 30/09/2015

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

There was a risk management policy, however, it did not address the items specified in the regulations.

Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management

policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

The risk management policy will include the measures and actions in place to control self-harm. The risk management policy will identify what measures are currently in place to prevent self-harm and if additional measures are required.

Proposed Timescale: 31/08/2015

Theme:

Safe care and support

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

There was insufficient evidence that the risk management policy was fully implemented in practice. For example:

- there was no safety committee as specified in the risk management policy
- the risk register did not always address the risks to residents
- a number of doors were found to be repeatedly left unlocked to areas that could pose a risk to residents, such as the sluice room and the housekeeping room where residents with a cognitive impairment could have access to unsafe materials
- there was no system in place to verify that electronic door locks were functioning and one of these doors was found to be non-functioning on the second day of inspection
- there was no system in place to ensure that electronic tags that automatically locked doors if residents attempted to leave and were worn by residents at risk of absconsion, were functioning appropriately.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Safety Committee meetings to be re-established. 1st Meeting scheduled for May 2015

Risk register to be updated to include risk to residents especially the incline on main hospital corridor.

Staff are instructed not to leave coded door locks unlocked .The risks associated with leaving doors unlocked are outlined to staff.

Since inspection a daily check and recording is made on the functioning of electronic door locks, and any faults are reported to maintenance, in a timely manner.

Prior to placing an electronic tag on a resident the tag is tested to ensure it is functioning, the expiry date is also checked

Proposed Timescale: 30/05/2015

Theme:

Safe care and support

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

Improvements were required in relation to infection prevention and control. For example:

- personal hygiene products such as shampoo were stored in large containers in each of the communal showers/bathroom which were for general use by all residents. This practice poses a risk for cross contamination and does not promote dignity for residents
- there were three sluice rooms, however not all had hand washing facilities, the wall tiles were damaged in one, not all contained sluice sinks and there was inadequate racking for storing bedpans and urinals following cleaning
- the walls of the skylight in one of the toilets/showers had a thick coating of mould like substance
- a mask used by a resident with sleep apnoea was stored on the back of the door of a communal shower cubicle
- equipment such as commode chairs and laundry skips were stored in bathrooms.

Action Required:

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

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

Shampoo has been removed from bathroom and shower areas, each resident now have their own personal shampoo.

A sink will be added to the sluice room

A request has been issued to have the tiles replaced in Sluice room.

The skylight in the shower room will be closed off by maintenance staff.

The sleep apnoea mask is now kept in a container in the residents' locker.

Laundry skips are no longer being stored in the bathrooms.

Proposed Timescale: 01/06/2015

Theme:

Safe care and support

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

Training records indicated that a significant number of staff were overdue fire safety training.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the

designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire Safety Training took place Nov 2014; staff who did not attend are requested to attend next training session.

Proposed Timescale: 01/09/2015

Theme:

Safe care and support

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

Records indicated that fire drills were held infrequently.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire Drill training for all staff will commence on the 16th April 2015 at Kanturk Community Hospital, and will continue, until all staff have received training.

Proposed Timescale: 01/09/2015

Theme:

Safe care and support

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

There were no records available of a process of ensuring that fire exits were free from obstruction and fire exits and fire safety equipment were seen to be obstructed on the days of inspection.

Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Fire Exits and fire safety equipment are now inspected and recorded by the Groundsman on a daily basis.

Proposed Timescale: 01/03/2015

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:

A small number of prescriptions did not contain the maximum dosage for PRN (as required) medications and where medications were being crushed prior to administration, this was not always prescribed.

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:

A letter will be issued to Medical Officers requesting them to note the Maximum dose of PRN medication, and medication to be crushed when prescribing. Nursing Staff are required to keep updated on standards for Medication Management (NMBI) and local policies.

Proposed Timescale: 01/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all of the issues identified on assessment were addressed in care plans and all sections of care plans were not always completed.

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:

Any deficiency arising especially issues identified on assessment of the individual resident are followed through in the care plan. Following assessment of the resident, a plan of care will be devised within 48 hours of admission.

Proposed Timescale: 23/04/2015

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:

Overall inspectors were not satisfied that the design and layout of the premises promoted residents' dignity, independence and wellbeing

Action Required:

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

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Effective care and support

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

The design and layout of the premises was not adequate to meet the needs of the residents for the following reasons:

- even though there were six single bedrooms, five of these could only be accessed by going through either St. Mary's or St. Theresa's units
- St. Oliver's (nine-bedded) unit could only be accessed by going through St. Patrick's
- bedroom accommodation was predominantly multi-occupancy and there was inadequate space between a number of the beds to accommodate chairs or visitors, or to comfortably manoeuvre assistive equipment such as wheelchairs
- the proximity of the beds to each other in the multi-occupancy rooms did not support the privacy and dignity of residents while they were in receipt of personal care
- most of the residents did not have wardrobes for personal clothing and there was insufficient space for wardrobes should they be made available
- one of the assisted bathrooms was insufficient in size to manoeuvre assistive equipment such as hoists or speciality chairs and would therefore be unsuitable for use by a number of residents
- there were inadequate communal facilities, as on the days of the inspection inspectors observed 18 residents having their lunch in the communal rooms and there would be insufficient space for all residents to dine there should they wish to do so

- there were inadequate storage facilities for equipment such as hoists, linen skips, commode chairs and some of these were inappropriately stored in various locations throughout the centre, such as in bathrooms and corridors
- as already stated there was no safe outdoor space for residents
- while there were televisions in all of the bedrooms, due to the location of the televisions and the design and layout of bedrooms, they were not viewable by all residents
- there was no suitable, accessible outdoor space for residents
- toilets and bathrooms were not conveniently located for residents, for example, there was only one toilet that was suitably located for residents accommodated in St. Oliver's unit

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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

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:

The centre had only recently commenced recording complaints.

Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

A Complaints, comments and compliments log book is available to staff since Jan 2015. Staff are requested to document any complaint received in this book and also report to Director of Nursing/CNM2 in a timely manner, so that the issue can be dealt with as soon as possible. Going forward, complaints will be fully and properly documented including the investigation and outcome of the complaint. The actions required as a result of the complaint will be recorded and communicated to all relevant staff.

Proposed Timescale: 10/04/2015

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:

Inspectors were not satisfied that mealtimes were based on the expressed preferences of residents and were scheduled based on staff routines rather than individual preferences.

Action Required:

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

Individual preferences of the residents regarding mealtimes are facilitated insofar as possible, staff are reminded of the importance of person centred care and meeting the needs of the resident.

Proposed Timescale: 01/05/2015

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements were required to ensure that modified diets were prepared in compliance with modified diet consistency descriptors. For example, it was not clearly identified what residents were prescribed a regular diet and what residents were prescribed a soft diet.

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:

This issue has been resolved by the Chef & the Dietician.

Proposed Timescale: 06/02/2015

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:

Based on a review of a sample of minutes from residents' meetings, it was not possible to determine if all issues raised were addressed or that feedback was put into practice.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Residents' meetings take place every 6 to 8 weeks; Minutes are recorded and given to the Person-in Charge. PIC follows up on issues identified asap, PIC has met with facilitator of these meetings since inspection

Proposed Timescale: 01/06/2015

Theme:

Person-centred care and support

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

Due to the design and layout of the centre, for example, the multi-occupancy rooms, the proximity of beds to each other and the lack of storage space for personal property and possessions, it was difficult for staff to support the privacy and dignity of residents during care delivery.

Action Required:

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

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Person-centred care and support

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

Routines and practices were led by routine and resources of the service rather than

residents wishes, such as the time that breakfast is served.

Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Although Breakfast is served at 08.15hrs to most residents; Each resident is consulted and facilitated in relation to breakfast time, and facilitated to eat where he/she wishes. Each resident is afforded adequate time to complete meals at a leisurely pace.

Proposed Timescale: 01/03/2015

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Visiting was restricted to 13:00hrs to 15:30hrs and 17:30hrs to 20:30hrs each day.

Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

Visiting is no longer restricted, all visiting notices were removed after recent HIQA inspection and Visiting Guidelines changed accordingly.

Proposed Timescale: 01/03/2015

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:

There was inadequate wardrobe space for residents to store their clothing and many residents did not have wardrobes in their bedrooms.

Action Required:

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

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Due to the number of residents that were assessed as being of maximum dependency, inspectors were not satisfied that there were sufficient staff on duty, particularly from 18:00hrs to 20:00hrs each day.

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:

Four staff are on duty from 18.00hrs to 20.00hrs, this comprises of four staff nurses or three staff nurses and one Multi-task- Attendant. The present nurses roster indicates four nurses on duty from 18.00hrs to 20.00hrs, however since inspection and on occasions when we are unable to fill this requirement one nurse is replaced with a Multi-task- attendant. The PIC is happy with the current level of staffing.

Proposed Timescale: 04/05/2015

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Training records indicated that there was minimal engagement with training to support professional development in relation to the care to be provided to dependent older people, such as responding to challenging behaviour and dementia care.

Action Required:

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

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

The Person In Charge is organising on-site training for staff in Challenging Behaviour; this is three hour training for all disciplines of staff.

Two day training in Dementia is available for staff in MUH and plans are in progress to send as many staff as possible to this training, also to arrange a facilitator to provide this training on-site.

Proposed Timescale: 31/10/2015