<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bethany House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000015</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Main Street, Tyrrellspass, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>044 922 3391</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@bethanyhouse.ie">info@bethanyhouse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>MPM Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Madeline Corboy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Bríd McGoldrick</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<td>Number of residents on the date of inspection:</td>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
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<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>09 July 2015 09:00</td>
<td>09 July 2015 16:00</td>
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</table>

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

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
<th>Outcome 03: Information for residents</th>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
<th>Outcome 07: Safeguarding and Safety</th>
<th>Outcome 08: Health and Safety and Risk Management</th>
<th>Outcome 11: Health and Social Care Needs</th>
<th>Outcome 12: Safe and Suitable Premises</th>
<th>Outcome 13: Complaints procedures</th>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 16: Residents’ Rights, Dignity and Consultation</th>
<th>Outcome 17: Residents’ clothing and personal property and possessions</th>
<th>Outcome 18: Suitable Staffing</th>
</tr>
</thead>
</table>

**Summary of findings from this inspection**

This was the seventh inspection of the centre and was completed to assess progress with completion of the action plan developed from the findings of non-compliance with the Regulations as found on the last inspection of the centre by the Authority in October 2014. The last inspection of the centre was completed in response to an application by the provider for renewal of registration as required by the Health Act 2007.

The provider advised the Authority of plans for a 26 bed extension which has completed the planning application stage with granting of planning permission to proceed. The Authority was also advised by the provider that a vacant single bedroom on the day of this inspection would be used to reduce the three bedded accommodation to accommodate two residents. This action was taken to address major breaches with the regulations in meeting the privacy and dignity needs of residents as found on the last inspection of the centre.

Fourteen of the twenty three breaches in the regulations identified on the last inspection were found to be satisfactorily addressed on this inspection. The findings
reflecting nine remaining breaches with the regulations were found to be partially addressed or not yet addressed and are repeated in the action plan at the end of this report.

Residents spoken with expressed their satisfaction with the service and commented positively on the care they received.

The action plan at the end of this report identifies areas where mandatory improvements are required in order to comply 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.
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:**
The governance and management arrangements in the centre were reviewed and revised since the last inspection of the centre in October 2014. The provider/nominee was also the nominated person in charge of the centre was not part of the staff resources that provided direct care to residents. However, she demonstrated that she monitored and supervised care practices and staff competency as part of the operational aspect of the service on a day to day basis. She also satisfactorily demonstrated that she was adequately involved in the governance and administration of the centre.

There were two other persons who participated in the management of the centre, a co-director of the provider company and a senior staff nurse. The provider company co-director demonstrated that he worked in the centre on a full-time basis Monday to Friday each week. A senior carer was on duty to support the senior staff nurse with meeting the care and supervision needs of the residents. The senior staff nurse/deputy person in charge was rostered for additional protected hours to

Of the twelve outcomes found to be non-compliant with the legislation and standards on the last inspection in October 2014, five were outcomes were in compliance and a further four outcomes were substantially compliant brought about by actions completed by the provider/person in charge.

An external specialist service was employed by the provider to provide on-going support with the governance of the centre. Risk management procedures and policy revision had been given priority since the last inspection. The inspectors reviewed risk management documentation and revised practices and found the areas of deficit identified in the action plans from the last inspection to be completed or nearing completion. This finding is discussed further in Outcome 8.
The provider demonstrated that there were systems in place for monitoring the quality and safety of care, the environment and the quality of life of residents in the centre. The documentation supported evidence of in-depth review of a different aspect of the service each month with action plans developed and tracked to address deficits found. There was evidence that these action plans where appropriate informed the contents of the centre's risk register. The review cycle culminated in a monthly staff meeting which was also utilised as a forum for involving staff in risk mitigation control formation and ensuring they were informed of same as part of the implementation process. There were no serious incidents involving residents that required notification to the Authority since the last inspection in October 2014. The provider was in the process of completing a review of the quality and safety of care delivered to residents for 2014 to ensure that the care is in accordance with the relevant standards and as required by regulation 23(d) and as therefore was not available on this inspection.

**Judgment:**
Substantially Compliant

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

**Findings:**
Inspectors reviewed a sample of contracts for the provision of services and confirmed that the residents had a written agreement outlining the terms and conditions of their residency in place. The fees to be paid including personal contribution as part of the overall fee was stated for residents approved for assistance under the Nursing Home Support Scheme. While aspects of the service that incurred an additional charge such as transport or staff escort was outlined as an additional expense, the costs of same were not clearly stated to facilitate choice of use by residents or their family. The provider told inspectors that although not documented, this aspect of the terms and conditions of residency was discussed with residents and their families on admission. The provider agreed to include these details to ensure residents had all the information they required to make their life in the centre as comfortable as possible.

The designated centre had a guide available to residents which included a summary of the services and facilities in the designated centre, the procedures in respect to complaints and the arrangements for visits. Details of fees for services which could be availed of such as hairdressing, newspapers and chiropody were included.
**Outcome 05: Documentation to be kept at a designated centre**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The designated centre had an electronic data management system in place. Data stored on the system was protected by password and a policy was available to advise on the creation of, access to, retention of and destruction of records which included electronic data management procedures.

Restrictive practices were not logged in the designated centre to include all aspects of the information required in Schedule 3 Paragraph (4)(g).

The policy advising on resident falls was revised since the last inspection however did not reference the tool to be used for assessment of level of fall risk by residents as required by Schedule 5 of the regulations

**Judgment:**
Non Compliant - Moderate

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**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:
The inspector reviewed the policy advising on the prevention, detection and response to elder abuse. The document was updated in response to findings from the last inspection in October 2014 to reference the HSE Elder Abuse Officer for the region. It was centre specific and the referral pathway references the appropriate personnel within the centre's management structure.
Staff spoken to demonstrated knowledge of the actions to be taken in the event of a suspicion or allegation of abuse and the different forms of abuse. Residents spoken to stated that they felt safe in the designated centre. Staff-resident interactions were observed by inspectors on the day of inspection to be satisfactory.

The policy document advising on management of residents' personal property, finances and possessions was reviewed in March 2015. This revision provided clarity regarding the procedures/practices and assignment of staff responsible to ensure transparency of financial transactions. The advisory documentation also advised on procedures for assessing capacity and obtaining consent. Record-keeping of residents' personal monies kept in safekeeping by the centre was also found to be improved. A process was in place for internal and independent auditing of all financial transactions. As outlined in outcome 3, costs for additional services were documented to empower residents to make choices about the additional services they wished to purchase.

There were residents who were identified as experiencing behaviours that challenge. There was a policy in place advising on the management of behaviours that challenge which was revised in March 2015 to reference appropriate referral pathways. The inspectors found that while there was a record/log of restraints used, the documentation did not reflect some aspects of the national policy as required by regulation 7(3) and did not reference some required aspects when used as described by Schedule 4, paragraph 3(g). This finding is discussed further in outcome 5.
Doors located on the front of the centre and the smoker's room were controlled by key code units. All residents could freely access the outside of the centre at will into an enclosed courtyard. Inspectors' found that some residents had knowledge of the door access code. The inspectors found that some residents were aware of the code for the exit doors however this security system was not assessed in terms of access on limitation posed to some other residents in the centre. Bedrails were used for residents following assessment which evaluated safety and restriction to residents' movement. Half bedrails/enablers were used for some residents to assist them to independently change their position to enable their comfort in bed. No residents were prescribed for medication for challenging behavioural management.

Judgment:
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection(s):

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

Findings:

Since the last inspection of the centre in October 2014, the provider has employed the services of an external advisor to assist with risk management procedures and policy and procedure development. There was a health and safety policy and risk management policy in place in the designated centre. There was also revised risk register in place which identified hazards and the concomitant controls to mitigate risks were identified. The location of the smoking room had been changed since the last inspection measures in place mitigating risks posed as found on the last inspection to others from passive smoke to areas outside the designated smoking room.

The inspectors found that a room to the front of the centre was the newly designated smoking area. The provider advised inspectors that the relocation process was still underway. However, inappropriate storage was found in this area which the provider advised would be addressed. The inspectors found that a fridge containing food supplements and three filing cabinets were not appropriately located. The smoking room was identified as an area of hazard and as stated in risk controls, a fire extinguisher and a fire blanket were in place. One resident engaged in smoking and his/her safety with this activity was assessed. However, not all controls as stated were implemented for example, a viewing panel for supervision purposes and a call-alert facility to alert staff in the event of assistance being required was not in place.

The smoking room was accessible via a key coded door. The resident who engaged in smoking was aware of the access code and independently accessed this area at will.

Review of resident incidents/accidents and deficits identified from auditing procedures informed the risk register. There were no serious incidents/accidents to residents since the last inspection in October 2015. The policy advising on resident falls was revised since the last inspection however did not reference the tool to be used for assessment of level of fall risk by residents. This finding is discussed further in outcome 5.

Staff spoken with were informed of the procedures in the event of a full evacuation and the location of the fire exits and the fire assembly points. The centre has a clear policy on the action to be taken in the event of an emergency. Inspectors reviewed fire drill documentation and found that it referenced testing of the evacuation procedure in respect of location of fire, numbers of residents evacuated and staffing resource during the day and night. A horizontal evacuation procedure was in place and staff spoken with demonstrated that the terminology zones/compartments was understood. Personal evacuation plans were completed for residents to inform their individual evacuation
needs in terms of staffing resources and equipment required. However, this information was stored on the computerised data management system and as such was not readily accessible to staff in an emergency and were not available to residents for their information. Arrangements had been made with a local hotel to accommodate residents in the event of a full evacuation being required.

Judgment:
Non Compliant - Moderate

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:
The inspectors found the healthcare needs of residents were adequately met on this inspection. The centre used an electronic data management system. Assessment of residents’ health and social care needs and care plan and daily nursing evaluation documentation was managed in electronic format. A sample of residents’ care plans was reviewed and the inspectors found that all needs as assessed had a corresponding care plan. Care interventions were found to be complete and adequately informed practice. Access to residents’ information was password protected. Daily progress notes were entered by the staff nurse as per corresponding duty rota.

On the last inspection inspectors found evidence that weekly audits conducted regarding the clinical needs of residents was for the primary purpose key performance data collection such as number of pressure related skin injuries, resident falls and use of medications. This information did not identify variance from best practice and therefore did not inform quality improvement. The inspectors observed that clinical standards were satisfactorily audited since the last inspection with a different clinical care topic each month. The information was satisfactorily analysed with action plans developed to address areas of variance found.

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

Findings:
The inspectors found on this inspection that the provider had completed or was in the process of completing corrective actions to ensure the centre met its stated purpose and reflected the centre’s statement of purpose document. The nursing home is registered for thirty two residents. However, as found on the registration renewal inspection in October 2014, the space available and layout of a bedroom accommodating three residents did not meet their privacy and dignity needs. While the provider had taken action to revise the layout of this room, it did not meet its stated purpose and the provider informed the Authority in her revised provider response to the inspection action plan that this room was reduced to accommodate two residents. The provider advised the inspectors on this follow-up inspection that a room which was vacant on the day of inspection would be used to accommodate one of the three residents following discussion with them. Therefore the registration renewal application is for a maximum 31 residents.

The provider forwarded plans to the Authority for a twenty six bed extension which will address provision of adequate shower/bathroom facilities and additional communal sitting room accommodation which will enhance access for residents with assistive chairs. Relocation of the smokers' room was seen by inspectors to provide residents with a comfortable space to meet their visitors. The newly built extension will also provide additional storage to meet the needs of residents. The inspectors were provided with evidence of planning permission. The inspectors observed that the paintwork on some wall surfaces in one of the sitting rooms was damaged by residents’ chairs. An area of the floor surface in this room also required repair.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.
### Theme:
Person-centred care and support

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<th>Outstanding requirement(s) from previous inspection(s):</th>
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The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Non-compliances found on the last inspection of the centre in relation to nomination of a designated complaints officer required by regulation 34(1)(c) and a person to oversee the management of complaints as required by regulation 34(3) were found on this inspection to be satisfactorily addressed. There was one expression of dissatisfaction logged since the last inspection. The documentation referenced the satisfactory resolution of same. However, some improvement was required to ensure the investigation process was fully documented and all details in relation to each complaint was maintained together.

**Judgment:**
Substantially Compliant

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**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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

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<th>Outstanding requirement(s) from previous inspection(s):</th>
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The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were no residents in receipt of end of life care procedures on the day of this inspection. A sample of residents' wishes expressed for their end of life care was reviewed. The documentation was found to be individualised and documented in detail. The person in charge/provider had ensured items of special value to one resident that they wished to have with them on their death was readily available so that the resident's wishes could be met.

The contact detail for each resident’s family was available in the event of the resident’s health deteriorating. The policy advising on end of life care clearly advised that end of life decisions were multidisciplinary with the resident, their clinical team and their family. The policy also advised respect for residents' wishes if they wished to make these decisions independently with their clinical team. Where residents had medical conditions that affected their capacity to make informed decisions, their family was always involved on their behalf.
Judgment: Compliant

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

**Findings:**
The centre’s consent policy has been revised since the last inspection to include decision making pathways. Involvement of family members and the option of advocacy services was outlined where residents had medical conditions that negatively impacted on their ability to make informed decisions independently. There was evidence in residents documentation reviewed that residents’ families were involved in their care decisions and were appropriately informed of any changes in their health.

The policy informing the rights of residents was revised since the last inspection and included the right to undertake personal activities in private. The provider/person in charge endeavoured to ensure this right was upheld by their proposed action to reduce a three bedded room to two beds. This action when completed will ensure residents received assistance with personal care or could independently carry out their own personal care activities in an environment that respected their privacy and dignity needs. However, while this action was proposed it was not completed on the day of this inspection.

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

Findings:
Inadequate storage for residents' personal possessions was adequately addressed by the provider/person in charge with reducing the three bedded accommodation to accommodation for two residents. A vacant single bedroom was available to meet the accommodation needs of one of the three residents in this room following discussion by the provider/person in charge with the residents concerned.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors reviewed a sample of rosters which demonstrated that the staffing levels on the days of inspection were reflective of the actual staffing levels. Staffing arrangements had been revised since the last inspection to enable the Provider/Person in charge to not be included in the staff numbers each morning from 09:00hrs to 12:00hrs as found on the last inspection. This arrangement facilitated the Provider/Person in Charge to carry out the governance, operational management and administrative aspects of her role which was found by inspectors to be improved on this inspection. Inspectors found that the staffing levels on the day of inspection met the needs of residents. Night-time staffing levels had been tested by a simulated fire evacuation drill reflecting night-time conditions including staffing levels and were found to be adequate.

Staff spoken with were aware of their role and responsibility to provide care to residents as required by the regulations and standards. Each member of staff was provided with a copy of the regulations by the provider/person in charge.

Judgment:
Compliant

**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:**

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<tr>
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<td>09/07/2015</td>
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<tr>
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Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of the quality and safety of care delivered to residents for 2014 to ensure that the care is in accordance with the relevant standards and as required by regulation 23(d) was not available on this inspection.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
The annual review for 2014 had commenced and will be completed by July 31st 2015

The annual review for 2015 will be completed by 31st Jan 2016

**Proposed Timescale:** 31/01/2016

**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:
The costs of aspects of the service that incurred an additional charge such as transport or staff escort outlined were not clearly stated to facilitate choice of use by residents or their family.

**Action Required:**
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

**Please state the actions you have taken or are planning to take:**
Transport and staff escort prices are now included in Contracts of care.

**Proposed Timescale:** 15/07/2015

**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:
The policy advising on resident falls was revised since the last inspection however did not reference the tool to be used for assessment of level of fall risk by residents as required by Schedule 5 of the regulations

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.
Please state the actions you have taken or are planning to take:
The resident falls policy has been reviewed and updated to reflect our practice of assessing all residents for falls using a falls risk assessment tool.

**Proposed Timescale:** 15/07/2015  
**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Restrictive practices were not logged in the designated centre to include all aspects of the information required in Schedule 3 Paragraph (4)(g).

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

Please state the actions you have taken or are planning to take:  
A new restrictive log will be implemented to ensure all restrictive practices are recorded as set out in schedules 3 paragraph 4 including resident lap belts, keypad doors, etc.

**Proposed Timescale:** 31/07/2015

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**Outcome 07: Safeguarding and Safety**  
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Assessment documentation did not reflect some aspects of the national policy. The exit door security system was not assessed in terms of access on limitation posed to some residents in the centre.

**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:  
A new restrictive log will be implemented to ensure all restrictive practices are recorded and any restrictions due to access control have been reviewed to minimise any restriction to residents.
**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:**
Not all hazards were identified. The inspectors found that a fridge containing food supplements and three filing cabinets in the smokers' room were not appropriately located.

**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:**
These items have been removed.

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**Proposed Timescale: 15/07/2015**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all controls documented to mitigate risks identified were implemented. A viewing panel for supervision purposes and a call-alert facility to alert staff in the event of assistance being required were not in place.

**Action Required:**
Under Regulation 26(1)(b) 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 risks identified.

**Please state the actions you have taken or are planning to take:**
The outstanding controls identified for risk management relating to the smoking area will be implemented.

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**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:
Personal evacuation plans were stored on the computerised data management system and as such was not readily accessible to staff in an emergency and were not available for residents' information.

**Action Required:**
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

**Please state the actions you have taken or are planning to take:**
All personal evacuation plans will be readily accessible and placed in residents wardrobes.

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

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**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 paintwork on some wall surfaces in one of the sitting rooms was damaged by residents’ chairs. An area of the floor surface in this room also required repair.

**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:**
These works have been completed

**Proposed Timescale:** 22/07/2015

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**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:**
Improvement was required to ensure the investigation process was fully documented and all details in relation to each complaint was maintained together.
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:
All complaints are fully documented and our software has been reviewed to ensure that it is compliant in this regard.

Proposed Timescale: 15/07/2015

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:
The space and layout of a three bedded room did not ensure the privacy and dignity needs of residents accommodated in this room were met.

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 three bedded room has been reduced to two beds and ensures privacy and dignity for residents.

Proposed Timescale: 12/07/2015