

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Centre address:	Monastery Road, Rochestown, Cork.
Telephone number:	021 484 1707
Email address:	rochestownnursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brenda O'Brien
Provider Nominee:	Brenda O'Brien
Lead inspector:	Breeda Desmond
Support inspector(s):	Mairead Harrington
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	2

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 following notification of a change in person in charge. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 June 2015 11:00 To: 16 June 2015 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced follow up inspection to the registration renewal inspection and it was the twelfth inspection undertaken by the Authority in Rochestown Nursing Home. Notifications were received by the Authority informing that a new person in charge and a new person participating in management (deputy person in charge) were appointed in Rochestown Nursing Home. As part of the inspection the inspectors met with the new Person in Charge and Deputy Person in Charge, the Provider, centre manager, residents, and staff members. The inspectors observed practices and reviewed governance, clinical and operational documentation.

The provider and manager displayed knowledge of the standards and regulatory requirements.

Overall, staff were seen to be kind and respectful to residents and demonstrated good knowledge of residents and this was reflected in the sample of care plans

examined by inspectors. A variety of social and recreational activities as well as community involvement was provided and this was reflected in residents' care plans.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix appeared adequate to meet the assessed needs of residents. Issues identified on the last inspection regarding verification of references were remedied.

Policies and procedures were updated to ensure they were centre-specific and reflected practice. The continuous review of quality and safety of care and quality of life was evident. Care plans were reviewed and were resident focused and there was evidence that care plans were developed in conjunction with residents. Residents were encouraged to exercise choice and their views were sought informally on a daily basis and formally in the residents' committee, which was held every two months.

Further improvements were noted to the premises with a new visitors' room, new sluice room, access to the laundry through the toilet was now removed; the view from residents' bedroom windows at the rear of the building was enhanced with artwork, plants and flowers. Some flooring was upgraded and further decorating was evident.

Issues identified on the last inspection regarding fire safety were remedied.

The inspectors identified other aspects of the service requiring improvement to ensure compliance with the Regulations.

These improvements included:

- 1) some outstanding issues relating to the premises
- 2) safeguarding regarding residents' finances
- 3) staff files.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

A formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety was evident and embedded. That is, the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received and this was based on the National Standards. In addition, quality data was gathered on a weekly basis (pain, pressure sores, physical restraint, psychotropic medication, and falls, indwelling catheters, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents); this data was trended to inform practice. Other clinical audits were demonstrated to ensure suitable and safe care, for example, hand hygiene and environmental hygiene. These reports formed the basis for the monthly 'Quality Management Systems Improvement meetings' attended by the centre manager and the person in charge. Actions with responsibilities and timelines were assigned to ensure improvements occurred and these were followed up in subsequent meetings.

Residents were consulted on a daily basis. Formal residents meetings were facilitated at six – eight weekly intervals. A resident chaired the meetings and maintained minutes of these meetings which were submitted to the person in charge, provider and centre manager for follow up, for example, residents suggested menu changes and more outings for the summer and residents spoken with confirmed that these were facilitated.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

the service.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a newly appointed person in charge. She was a full time registered nurse, with the required experience of nursing dependant people (as detailed in the Regulations). She demonstrated good knowledge and understanding of the Regulations and National Standards to inform care and welfare and this was evidenced through the interview conducted as well as the quality initiatives she commenced since taking up post. She was proactive in her own professional development, for example she had completed education to enable her to train staff in adult protection, manual handling and lifting and hand hygiene. She organised the yearly training schedule for staff with the centre manager; she was instrumental in ensuring that all staff had read and understood the policies which she updated since her arrival.

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):

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

Findings:

The inspectors were satisfied that the records required in Regulation 21 (provision of information to residents), Regulation 25 (medical records), Schedule 3 (residents' records), Schedule 4 (general records) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some of the policies relating to Schedule 5 (operating policies and procedures) required

further attention to ensure they were comprehensive and directed staff to appropriate practices, for example, the policy to support the practices relating to management of residents' finance did not adequately protect residents and staff; the procedure to direct staff in the appropriate practices relating to residents' safe keys was not described. All information listed in Schedule 2 (staff files) was in place in the sample of files reviewed. A copy of the vetting forms submitted was evidenced. Issues identified on the last inspection regarding verification of references for staff was remedied and there was documented evidence to support this.

Judgment:

Substantially 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):

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

Findings:

There was a newly appointed deputy person in charge. She was a full time registered nurse, with the required experience of nursing dependant people. She demonstrated knowledge and understanding of the Regulations and National Standards to inform care and welfare. She had completed a diploma in management and had attended several courses to inform care and welfare.

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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward.

There was an up-to-date policy for adult protection and the person in charge was aware of her legal obligations relating to reporting issues. She adequately described protection of residents as well as actions to be taken if an allegation was made.

Residents' had individual safes in their bedrooms to keep their valuables and most residents were responsible for their own finances. The last inspection identified that residents' accounts which the centre was responsible for were not robust to ensure the safety of residents and management. While some improvements were noted on this inspection however, further action was necessary to ensure transparency, comprehensiveness and robustness to protect both residents and staff maintaining the financial records.

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):

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

Findings:

Issues identified relating to fire safety on the previous inspection were improved, for example, the fire doors were appropriately attached to the wall mechanisms; fire safety floor plans displayed were comprehensive; the fire doors on the main corridor were upgraded.

All staff had completed their mandatory training in moving and handling of residents. Residents' assessments were now completed appropriately to ensure safe and suitable moving and handling practices and updated in compliance with the regulations.

A record was maintained of incidents and accidents and these were reviewed by the person in charge; they formed part of the quality and safety management system to inform practice.

Laundry was segregated at source and staff demonstrated best practice regarding safe handling of unclean laundry with the use of alginate bags were appropriate. The laundry and sluice room were now two separate rooms. Previously it was identified that that access to the laundry room through a toilet en suite was not appropriate and this was

remedied whereby access via the toilet was closed off and the laundry could only be accessed externally. While there were two sinks in the laundry however, a hand wash sink was not in place in line with best practice guidelines. There was also a large container for boiling water on the drainer of one of the sinks which the cleaner used. While there was advisory signage highlighting boiling water however, inspectors requested that this arrangement be risk assessed and also requested that this containers' purpose to be identified.

There was a new sluice room with sluice sink, bedpan washer and designated hand wash sink. However, appropriate storage for bedpans and urinals following washing to facilitate appropriate drainage and drying was not available in line with best practice guidelines.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The medication management policy was updated to reflect centre-specific practices. Medication errors and near misses were recorded. Previously it was identified that medication errors were not investigated to mitigate the risk of recurrences. The new person in charge identified those issues of missing medications remained a concern and she introduced new safety measures including a daily medication count check before each shift to establish that all medications were in place; no medications have been missing since commencement of this additional check.

Medication audits were completed with the pharmacist and the GP completed quarterly reviews of residents' medication.

Judgment:

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Previously it was identified that notifications were not timely submitted to the Authority. Notifications relating to the appointment of the person in charge and the deputy person in charge were timely submitted. The person in charge, deputy person in charge and the provider were aware of their regulatory responsibilities regarding notifications to the Authority.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 11: Health and Social Care Needs</i> <i>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.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: A sample of residents' assessments and care plans were reviewed by the inspectors. There were evidence-based risk assessments demonstrated; residents care plans described in detail suitable and safe person-centred care. The issues previously identified relating to care plans was remedied. The person in charge completed an audit of care plans upon commencement following review of the previous inspection report and put in place quality measures to ensure that future care planning responsibilities were appropriately assigned. Appropriate documentation was evidenced to enable staff to deliver suitable and safe care for specialised interventions; daily checks were recorded which demonstrated appropriate care of specialist equipment, which were absent in the last inspection. The sample of care plans inspected demonstrated that residents were involved in the care plan process and had signed their documentation and consent forms.</p>
<p>Judgment: Compliant</p>

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:

There were several improvements noted to the premises on this inspection. There was a new visitors' room which was located off the sitting room. It had two chairs and a nest of tables and a view of the front garden. There was a new sluice room; access to the laundry through the toilet was now removed; the view from residents' bedroom windows at the rear of the building was enhanced with artwork, plants and flowers. Some flooring was upgraded and further decorating was evident both internally and externally. Some bedroom furniture was replaced and comfortable chairs were available to residents in their bedrooms. The wall tiles in the bathroom alongside bedroom 12 were replaced.

Several of the bedrooms had new clinical screening between beds in the multi-occupancy room however, other bed screens remained miss-matched; comfortable chairs could not be accommodated alongside residents' beds in some multi-occupancy rooms. Conditions attached to the registration certificate for this centre outlined that when one resident vacated room 10, then that room will be converted to single occupancy; this room remained twin occupancy. Twin bedroom number 11 had very limited space to accommodate two residents; the television in this room was practically inaccessible for residents because of its location. Bedroom 12 was multi-occupancy with three residents occupying this room; there was limited space between the two beds to the left of the room, where only bedside lockers could be accommodated. This limited space posed a significant challenge to safely operate assistive equipment.

While all bedrooms had televisions for residents, those televisions in twin bedrooms were positioned too high to be accessible by both residents; in the two three-bedded rooms the television could only be viewed by two residents.

Other issues relating to the premises included: The showers in bedrooms 7 and 8 had a step into each shower and were not suitable for dependant residents and were not wheelchair accessible. The shower hose in bedroom 8 en suite was quite unclean. The toilet on the main corridor was quite narrow and not wheelchair accessible.

The centre had installed circuit-television cameras (CCTV). All cameras were in public areas. There was a sign to inform residents, staff and visitors that CCTV was in

operation. The inspector identified that one CCTV was inappropriately placed in one sitting room (for monitoring purposes) where residents would have a reasonable expectation of privacy and dignity as described in the Data Protection Commission guidelines.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating provided for residents' use. There was a functioning call-bell system in place.

The external courtyard was well maintained and residents stated they enjoyed this during the summer; this space was partially covered and provided a secure comfortable smoking area for those residents wishing to smoke.

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):

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

Findings:

Staff levels had increased over the weekends to ensure suitable and safe care. The person in charge along with the centre manager devised a training schedule for staff for 2015 and the person in charge would facilitate several of the training sessions.

Current registration with regulatory professional bodies was in place for all nurses. Samples of staff files were reviewed and the information listed in Schedule 2 was available in those staff files. There was evidence of verification of references for new staff.

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:

Breeda Desmond
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:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Date of inspection:	16/06/2015
Date of response:	13/08/2015

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 inspector identified that one CCTV was inappropriately placed in one sitting room (for monitoring purposes) where residents would have a reasonable expectation of privacy and dignity as described in the Data Protection Commission guidelines.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

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

resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

CCTV policy up to date justifying its use and is there to monitor and maintain a safe secure environment for our residents and staff. Appropriate signage informing public of CCTV in use.

Proposed Timescale: 27/07/2015

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 to support the practices relating to management of residents' finance did not adequately protect residents and staff; the procedure to direct staff in the appropriate practices relating to residents' safe keys was not described.

2. Action Required:

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

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

Policy updated to indicate and show procedure in relation to the practices involving safe keys.

Proposed Timescale: 27/07/2015 and ongoing

Proposed Timescale: 27/07/2015

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:

Residents' accounts which the centre was responsible for were not robust to ensure the safety of residents and management.

3. Action Required:

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

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

Residents finance policy reviewed and updated to ensure all reasonable measures are there to protect residents from abuse.

Proposed Timescale: 27/07/2015 and ongoing

Proposed Timescale: 27/07/2015

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 also a large container for boiling water on the drainer of one of the sinks which the cleaner used. While there was advisory signage highlighting boiling water, the inspectors requested that this be risk assessed; they also requested that its purpose be identified.

4. 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:

This has been risk assessed with cleaning staff and purpose of its use identified clearly in risk management.

Proposed Timescale: 27/07/2015

Theme:

Safe care and support

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

There was also a large container for boiling water on the drainer of one of the sinks which the cleaner used. While there was advisory signage highlighting boiling water, the inspectors requested that this be risk assessed; they also requested that its purpose be identified.

5. 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:

Risk management updated to reflect measures and controls that are in place taken after risk assessment was done.

Proposed Timescale: 27/07/2015

Theme:

Safe care and support

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

Appropriate storage for bedpans and urinals following washing to facilitate appropriate drainage and drying was not available in line with best practice guidelines.

6. 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:

Tray ordered for purpose of appropriate drainage and drying. Once dry urinals stored in specific storage area in sluice room.

Proposed Timescale: 30/08/2015

Theme:

Safe care and support

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

While there were two sinks in the laundry, a hand wash sink was not in place in line with best practice guidelines.

7. 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:

Hand wash sink ordered and is to be fitted in laundry room.

Proposed Timescale: 27/07/2015

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:

Issues relating to the premises included:

- 1) the showers in bedrooms 7 and 8 had a step into them and were not suitable for dependant residents and were not wheelchair accessible. The shower hose in bedroom 8 en suite was quite unclean.
- 2) the toilet on the main corridor was quite narrow and not wheelchair accessible
- 3) while all bedrooms had televisions for residents, those televisions in twin bedrooms were positioned too high to be accessible by both residents; in the two three bedded rooms the television could only be viewed by two residents.
- 4) twin bedrooms 10 and 11 had very limited space to accommodate two residents
- 5) bedrooms 9 and 12 were multi-occupancy with three residents each
- 6) some bed screens in multi-occupancy bedrooms were miss-matched.

8. 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:

Bedroom 10 was registered with previous condition attached to reduce to single occupancy but no such vacancy has occurred for either of the residents within that room to date.

Bedroom 11- The hall press is to be removed to allow room to be extended thus increasing room size. Timeframe: February 16th 2016.

Both triple rooms 9 & 12 exceed regulated space requirements for multi-occupancy rooms for residents. There is more than adequate space to use assistive mobility devices in these rooms if needed. We currently use hoists, wheelchair and other aids without any problems and staff and residents find that there is adequate space in these rooms.

It has been our observation that the residents have more interaction and more comfort in these rooms. Their level of confusion is reduced while they are in 3 bedded rooms as they have regular social chat with other residents in that room, so their needs are met in 3 bedded rooms more so than in 2 bedded.

Our plan of action for future that residents who are minimal independent will be accommodated in multi-occupancy rooms for their wellbeing.

Proposed Timescale: 16/02/2016