<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Padre Pio Rest Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000269</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cappoquin, Waterford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>058 54 117</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:padrepioresthome@gmail.com">padrepioresthome@gmail.com</a></td>
</tr>
<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>Margaret Martin</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Martin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 06 October 2015 10:00  To: 06 October 2015 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This inspection was undertaken as the provider had been unable to comply with the conditions of registration issued on 12 October 2014 in regard to completing the plans as outlined to the Authority to make the premises suitable for purpose. This was to have been completed by 31 July 2015. In view of this it was the decision of the Authority to ascertain the provider's compliance with other core aspects of the regulations to ensure residents' welfare.

The inspector reviewed the level of compliance of the provider with nine of the outcomes required by the regulations and also reviewed the providers actions as required following the registration inspection of 1 July 2015. There were five actions required form that inspection. Of these, two had been satisfactorily addressed. Three action had not been addressed and these actions all related to the shortcoming in the design, layout and suitability of the premises.

This inspection found that there were robust and effective governance systems in place, safeguarding systems were evident and risk management procedures were
satisfactory overall. Good practice and compliance was also found in health care and in medication management systems. There was significant choice available to residents and meaningful access to recreation, activities and social support. The staffing number and skill mix was satisfactory, augmented by the presence of the provider and person in charge both of whom are qualified nurses.

The inspector was informed by the residents during the inspection that they felt very much at home, had significant choice in their daily routines, were consulted regarding their health care and lives in the centre. Relatives spoken with were also very satisfied with the care provided, open visiting times and the level of consultation with the staff and person in charge.

A number of actions were identified, which included:

- adherence to national policy on the use of methods of restraint
- adherence to a system to ensure bedrails are suitable for use
- evidence of training or all staff in fire safety and manual handling
- current screening in the shared bedrooms was not satisfactory to ensure privacy

The premises remains an area of significant non compliance. The Authority recognises that the provider has made continued attempts to address this but is dependent on the decisions of other agencies in order to do so. This involves an extension to the premises and reduction in the number of shared bedrooms, additional communal space and upgrading of the current facility.

The provider was requested to ensure the Authority was informed of all updates in relation to the planning permission and also to provide evidence of funding for the extension when and if planning is agreed.
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):
No actions were required from the previous inspection.

Findings:
There were effective governance systems in place. Both the provider and the person in charge were suitably qualified nurses and actively involved full time in the management of the centre and oversight of the delivery of care.

Roles and responsibilities were clearly defined and reporting structures were evident and effective. There were a number of systems used to monitor the safety and effectiveness of the service including monthly or weekly audits of medication, the use of psychotropic medication, weights, falls, and other significant factors such as changes in mood or medical appointments. Findings were analysed and actions taken to address any trends identified and ensure that residents received the care or interventions required.

There was an annual survey of the quality and safety of care including a detailed confidential survey of the residents and relatives. The outcome was very positive. The provider has contracted the services of an external consultancy firm to undertake a formal review of the service. This had been undertaken but the report was not yet available.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge was a long standing member of staff who operated on a full-time basis and had extensive experience in clinical care. Staff, residents and relatives were very familiar with and complimentary of the care provided by the person in charge. The person in charge demonstrated a commitment to the role, a person centred approach to care along with an understanding of the statutory responsibilities.

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:
This outcome was not covered in its entirety but the provider did not have all of the documentation required by Schedule 2 for staff including two references and one from the most recent employer. There was no evidence of verification of the information provided.

Judgment:
Substantially Compliant

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

**Theme:**
Safe care and support

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
</tbody>
</table>

**Findings:**
There was a policy on the protection of vulnerable adults. It required some amendments to ensure it was in line with the Health Service Executive national policy on the protection of vulnerable adults and the provider agreed to undertake this. The provider undertook training and refresher training with staff in relation to this. The inspector was informed that no allegations or concerns of this nature had been received.

There were three voluntary advocates available for the residents. They visited the centre regularly and spoke individually to residents. Information on the national advocacy service was also available.

Safeguarding was further supported by the regular residents meetings which all residents attended. The advocates acted on behalf of those residents who could not speak for themselves at these meetings.

A review of a sample of financial records indicated that systems were transparent and detailed and undertaken with the residents consent.

A review of a sample number of medication charts indicated that PRN (as required) medication was not used routinely to manage behaviours and it was carefully reviewed by the prescribing clinicians.

Methods of restraint or restrictive practices were not used as a matter of course. Where seating belts were used these were assessed for safety and only used when transporting residents. This was documented.

A number of bedrails were used. Assessments for the use of the bedrails was undertaken and where this contra-indicated the use of the bedrail they were not used. There was evidence that alternatives had been tried such as the use of low beds, crash mats and alerting alarms. Residents were checked hourly during the night for their safety. However, the inspector saw that resident’s relatives gave consent in five of the
instances examined by the inspector and these were not regularly clinically reviewed. This is not in accordance with national policy on the use of methods of restraint. The inspector was not entirely satisfied that the safety of the use of the rails had been adequately examined and accounted for. This is actioned under Outcome 8 Health and Safety and Risk Management.

**Judgment:**
Substantially Compliant

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### Outcome 08: Health and Safety and Risk Management

The **health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**
Safe care and support

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

**Findings:**
The centre had policies and procedures relating to health and safety and a health and safety statement dated April 2014. A comprehensive risk management policy was in place which met the regulatory requirements. There was an emergency plan and suitable procedures were in place. Staff spoken with was able to demonstrate an understanding of the necessary actions to take in the event of an emergency or fire and evacuation plans were on display in the centre.

Documentation was available which demonstrated that the fire alarm and emergency lighting was serviced quarterly and all other fire safety equipment was serviced annually.

There were documentary evidence of fire drills held at regular intervals and these included evacuation procedures for the residents. The records showed that these drills were also held when new staff commenced work. There was evacuation equipment available for residents who required such assistance. The person in charge informed inspectors that this had been tested on the narrow corridors and was suitable for use. There were personal evacuation plans available for the residents.

However, the records available indicated that only 17 of the 37 staff had received fire training in 2014. The person in charge stated that all staff had received this training but at time of this inspection this could not be verified by the records available. It was explained that due to the absence of the administration staff the records may not have been updated. However, further training by a competent person was scheduled for October 2015. Two staff were also due refresher training in manual handling. Good manual handling practice was observed by the inspector however.

Equipment including specialist beds and hoists were serviced regularly.
One of the actions from the previous inspection had been addressed. There was evidence of learning and review from any untoward events with any incidents satisfactorily reviewed. The risk register was updated to reflect changes and controls in place.

A number of residents were assessed as being at risk of inadvertently leaving the centre. There were alerting alarms used as protective measures in this instance.

The second action in this outcome was in relation to infection control systems. These had not been rectified as the provider was dependant on the renovations/extension to the premises in order to make the necessary changes and ensure equipment was not stored in areas prone to infection risk.

The infection control policy was detailed and staff were observed taking appropriate precautions. There were reminders of hand washing practices in a number of locations. However, due to the lack of storage wheelchairs were again stored in bathrooms and the sluice room requires to be fully updated. There had been no outbreak of infection since the previous inspection.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly and more often for individual residents.

This was undertaken in conjunction with the GP, pharmacist and the person in charge. From a review of the records the inspector saw that this was a comprehensive review of the resident’s medication and the benefits or impact of this. Staff were prompt in monitoring and reporting any adverse affects.

There were no transcribing practices used. A number of medication administration audits.
had been undertaken and any identified issues were actioned.

Handling and storage of controlled drugs was safe and in accordance with current legislation. The prescription sheets contained a photograph of the resident and the signature of the prescriber was present when medications were discontinued or to be administered in altered (crushed) format.

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):
No actions were required from the previous inspection.

Findings:
From a review of residents' medical and care records the inspector was satisfied that the resident's health and care needs were identified, supported and met to a good standard. There was evidence that they were consulted and supported in relation to all of their needs. Residents could and did retain the services of their own general practitioner if they so wished. There was evidence of regular review and prompt attention to resident’s physical and psychological needs.

There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, tissue viability specialists and dieticians and physiotherapy. The interventions of these clinicians informed the care plans and care delivery on a daily basis.

Residents informed the inspector that they were very satisfied with the health care provided to them and there was evidence that they were consulted and involved in decisions. Their consent was sought for taking of photographs for example, for wound care assessment and for treatment in general.

A number of evidenced based assessment tools were used prior to and following admission to identify the resident’s needs including their social, psychological and health care needs. There was sufficient and easily accessible information available if residents had to transfer to other services such as acute care. All identified needs had a corresponding and very detailed plan of care which was reviewed four monthly or more
often if the residents needs changed.

Monitoring of resident’s weights, nutritional status and pressure area risk was evident. Wound care documentation reviewed by the inspector indicated that appropriate expertise was sought and the progress was monitored by the use of evidenced based procedures.

Preventative measures such as pressure reliving mattresses, cushions and nutritional supplements were also used and this was observed by the inspector. Residents were supported to maintain their health and independence by information, and access to appropriate vaccinations and the use of, for example, walking aids. Staff including catering staff were very familiar with the residents need and preferences.

The inspector found that there was considerable emphasis in the care plans for the support of residents social and psychosocial care needs. This included acknowledgements of resident’s anxieties in regard to moving into the centre and strategies to support them. Resident’s mental health needs were also addressed. The plans demonstrated a very in-depth knowledge and understanding of the individual residents and how to best support them. Evidence from the daily records speaking with residents and staff demonstrated adherence to these plans.

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

Findings:
The actions in relation to the premises from the previous inspection had not been addressed. The reason for this is outlined in the summary of this report.

The centre is a single-storey building with a cultivated garden and car park to the front and an enclosure at the rear for keeping hens and geese and donkeys. There is also a vegetable garden.
Communal space consists of a small lounge/sitting room, a dining room, an oratory and a sun-room to the front of the building that is accessible from the lounge/sitting room. There is also a conservatory area located in a widened area of the main hallway. There are two assisted bathrooms, one of which is also used for hairdressing, two toilets and a shower room/toilet.

The centre has four single bedrooms without en suites and another 12 single bedrooms with en suite toilet and wash-hand basin. There are three twin bedrooms without en suites and one twin bedroom with an en suite toilet, shower and wash-hand basin.

The design and layout of the centre remains unsuitable for its propose and the number of residents.

There was no adequate or suitable storage for essential equipment such as wheelchairs, commodes or hoists. Inappropriate storage of equipment presented hazards in relation to both infection control and the risk of accidental injury to staff or residents.

Hallways were narrow and did not facilitate the independent movement of residents with mobilisation aids. The provider had, as required, rectified the unsuitable pebble-dashed wall finish in the sun-room to ensure it was safe for the residents.

The sluicing and laundry areas were not appropriate to the size of the centre and did not comply with best practice infection control in terms of equipment and wall and floor finishes. The staff toilet was accessed via the entrance to the sluice room.

Other issues were identified including rusty pipes, radiators and paintwork and flooring in need of renewal.

While all bedrooms had screening in place the curtains were too short to ensure privacy. Commodes were stored in bedrooms and in some instances this prevented a resident having a chair in the bedroom. One of the twin bedrooms had room for only one wardrobe.

The shared bedrooms did not allow for personal care to be delivered in privacy or the use of equipment without moving the resident beds.

These issues have been identified throughout previous inspections. To this end planning proposals are being progressed but have not been completed.

**Judgment:**
Non Compliant - Major

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

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

Theme:
Person-centred care and support

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

Findings:
While this outcome was not examined in detail the inspector found that there was a considerable emphasis on resident's rights, personal preferences and social aspects of the care provided. It was noted and observed that the residents had a variety of interesting and stimulating experiences available to them and these were based on their preferences and personal histories.

There was a full time activity person available for planned activities which included baking, gardening, (raised beds had been installed at the request of the residents) music. On the day of the inspection five residents went to a local cinema with the person in charge.

Activities available also included Sonas, arts and craft, reading and regular trips out to local events or cafés. There were geese, chickens and two donkeys which the residents could see from the windows and also had access to.
Staff were observed to engage actively with the residents at all times.

There were regular residents meetings held and the records of these indicated that residents were encouraged to participate or to speak privately to staff. Residents had their vote transferred if they choose.

Staff were observed speaking respectfully and kindly to residents and consistently closing doors when personal care was being carried out an knocking before entering any room.

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): No actions were required from the previous inspection.

Findings:
The inspector reviewed the staff rota and noted that there had been a reduction of the numbers of nursing staff available. However, this was mitigated by the fact the provider is a qualified nurse and has been undertaking regular nursing duties. The person in charge has also undertaken duty as the nurse where this was required. In this way the current shortage had not impacted on the residents care. The person in charge explained the reasons for the current shortage and the recruitment process which they are currently undertaking.

As outlined in Outcome 8 there were deficits either documentary or actual in staff training in mandatory areas of fire safety and manual handling. There was a detailed induction programme in place for new staff and supervision was undertaken by the person in charge.

Other training provided for staff had included wound management, nutrition, CPR, behaviours that challenge and responsive behaviours. The care plans showed evidence of the positive impact of this training.

From a review of a sample of staff files the inspector noted that some improvements were required in that one recently recruited staff did not have two references and there was no evidence of verification of information provided. An Garda Síochána vetting was procured.

There were detailed hand-over meetings held daily which included all grades of staff to ensure consistency of care and regular team meetings were also held. The records of these indicated that they focused on residents care needs, and were informed by information from the audits to promote development and changes to practice.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: Padre Pio Rest Home
Centre ID: OSV-0000269
Date of inspection: 06/10/2015
Date of response: 29/10/2015

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 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:
To ensure that all of the documentation required by Schedule 2 including two written reference were procured.

1. 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.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
We have reviewed our procedure regarding written references and will ensure that the records set out in Schedules 2, 3 and 4 are maintained.

Proposed Timescale: 25/11/2015

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:
Practice in decision making, clinical overview and consent for the use of bed rails as methods of restraint was not in accordance with national policy on the use of methods of restraint.

2. 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:
We are reviewing our Policy on Bedrails and will bring it in line with the National Policy on the use of methods of restraint.

Proposed Timescale: 05/11/2015

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:
To ensure that there were systems in place to consistently monitor the suitability and safety of bed rails used.

3. 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:
We are reviewing our Policy on Bedrails and will bring it in line with the National Policy on the use of methods of restraint.
**Proposed Timescale:** 26/11/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that there is sufficient and safe storage of equipment and that facilities provide are consistent with standards for the prevention and control of healthcare associated infections.

**4. 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:**
Storage will be addressed as per previous drawings submitted to the authority. Interim solutions to storage will be implemented. Measures will be taken to update the existing facilities.

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**Proposed Timescale:** 01/12/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
To ensure that staff had received suitable training in fire safety and manual handling and/or to provide have evidence of this.

**5. 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:**
The training mentioned during the inspection i.e. annual H&S/Fire Training had been scheduled for all staff for Friday 2nd October 2015 but due to bereavement within the trainer’s family it had to be postponed until Thursday 8th October 2015.

H&S Training has been completed by 27 of 32 staff members as of Thursday 8th October 2015. The 5 remaining staff members are scheduled to complete H&S Training Saturday 31st October 2015.
Fire Training is scheduled to take place Thursday 19th and Saturday 21st November 2015 for all 32 staff members.
As explained during the inspection annual H&S and Fire Training was completed by all staff employed at the Nursing Home in October 2014.

Fire prevention, fire management and evacuation is carried out with all new staff members at Induction by the PiC and repeated every 6 months with all staff. An external professional conducts H&S and Fire Training annually in October.
Regarding Manual Handling we have amended our Policy in accordance with H&S Authority advice to reflect training in Manual Handling be carried out 3 yearly.

Proposed Timescale: 21/11/2015

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:
To ensure that the design and layout of the premises meets the needs of the residents including adequate private and communal space and suitable facilities for use by residents.

6. 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:
Planning Permission for the extension and renovation of the building was granted. However, an objection to An Bord Pleanala by the NRA concerning the traffic management of the National Road outside the Nursing Home was upheld. The NRA has plans for a traffic calming scheme for the National Road part of which the Nursing Home resides.
Consultations are ongoing between all parties concerned and this scheme is expected to commence summer 2016.
To allow for reapplication of Planning Permission, submissions for the tender process, securing funding and carrying out the construction of extension and renovations as outlined on submitted plans we envisage this will be completed by December 2016.

Proposed Timescale: 01/12/2016

Theme:
Effective care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that:
the premises is kept in good state of repair
that there is adequate space for personal possessions
rooms are of a suitable size and layout for resident needs
there is adequate screening to protect residents privacy.

7. 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:
Plans are in progress for the extension and renovation of the existing building to conform to the matters set out in Schedule 6.

In the interim the premises will be kept in a good state of repair, rooms will be reconfigured to provide adequate space for personal possessions, Residents privacy and Resident’s needs.

Proposed Timescale: 01/12/2016