<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fearna Manor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000339</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tarmon Road, Castlerea, Roscommon.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 96 20725</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:fearnamanor@outlook.ie">fearnamanor@outlook.ie</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>Eldabane Properties Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martin O'Dowd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</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>48</td>
</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.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: 18 August 2015 09:30 To: 18 August 2015 19:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</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>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</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 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
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</table>

Summary of findings from this inspection
The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 and follow up on the action plan and provider’s response to previous inspection carried out 5th March 2014.

On this inspection the inspector reviewed all of the eight actions required from the previous inspection and found them to be compliant. The eight actions related to Risk management, Clinical governance, and Auditing of clinical care. Work was also complete to ensure care plans were linked and updated following interventions from other health professionals.

There were 43 residents accommodated on the day of inspection. The environment was clean, warm and well maintained, and the atmosphere was calm. Residents and relatives were generally positive in their feedback to the Authority and expressed satisfaction about the facilities, services and care provided in the centre. Residents were complimentary of staff and satisfied with care services provided.

The inspector reviewed that staffing levels and skill mix of staff working in the centre
and found that staff allocation during the day was sufficient to meet the needs of residents. However, there was evidence that there was inadequate staff support at night to sufficiently supervise residents taking into consideration the size and layout of the centre. The person in charge has since confirmed that she has addressed this issue by adding additional staff to night duty. The inspector also found that the hours that staff worked and the rest breaks received were not in compliance with the Organisation of Working Time Act 1997. These issues are discussed in outcome 2 and 18 in the main body of the report.

The Action Plan at the end of this report identifies an area where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 20013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

**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:**
A new manager had been appointed to the person in charge post since the last inspection. The person in charge had made some changes since her commencement. The inspector found that there were regular team meeting held in this centre since the new person in charge had commenced post. Each staff discipline in the centre had a line manager to oversee the quality of care provided to the residents, the line managers reported to the person in charge and regular meetings were held between the them and the person in charge.

However, two areas that required urgent review, was the management of staffing rosters and the lack of available relief staff in this centre. The inspector found that this resulted in some staff working excessive hours. The person in charge informed the inspector that some staff had to work excessive hours to cover staff absences, such as holiday and sick leave.

There was also inadequate recording and monitoring of staffing rotas that reflected the actual hour’s staff worked in the centre. The inspector found that accurate recording of staff on duty was not maintained by the person in charge. Two rosters for the same date were provided to the inspector on the day of the inspection and there were considerable discrepancies on the two rosters. For example the original roster showed two staff was on sick leave, where as the photocopied roster did not record this leave. A staff member’s working hours recorded for the week of the 10th August 2015 showed the staff had worked 66 hours where as the other staff roster given to the inspector showed the staff had worked 48 hours for the same week. Therefore, the inspector found that proper records regarding staff working in this centre was not maintained. This is discussed in more detail under staffing in outcome 17.

**Judgment:**
Non Compliant - Moderate
**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:**
A new person in charge has been appointed since the last inspection. She is a suitably qualified and experienced nurse and holds the post on a full-time basis. She was observed engaging with residents and relatives in a respectful manner. She is supported in her role by a nursing line manager who deputises for her in her absence.

She has maintained her professional development and is a trained instructor in safe moving and handling of residents and the prevention of Elder Abuse in residential settings. She has also completed training in clinical and organisational management, such as; Nutrition and Dysphasia, Cardio Pulmonary resuscitation (CPR) Tissue viability training, restraint policy training and a gerontology and people management course. However, the inspector found that the person in charge did not provide adequate staff in the centre to cover staff absences or review night staffing levels to meet the needs of the residents. This is actioned under governance and management in outcome two.

**Judgment:**  
Compliant

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**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:
At the last inspection, residents' admission records were not complete and did not provide a clear clinical picture of the care needs of the residents. This was reviewed on this inspection and found to be compliant.

The person in charge had a new system in place to gather information on key clinical performance indicators, e.g. falls, weight loss, wounds, restraint, incidents of challenging behaviour and infections on a quarterly basis. A report was available which summarised the information collected in the various audits for the previous year.

An actions arising from the last inspection found that there was inadequate analysis of data collected during audits which required review. On this inspection, the inspector found that there were a number of new audits completed; such as, a review of staff files to check that all Schedule 2 documents were in place and action was in progress to locate any missing documents from staff.

In addition, a bedroom audit was completed on the 28/5/15. This assessed the quality of the residents’ bedrooms, and found that the bed frame and mattresses were in good condition, floor covering was clean and intact and curtains, the call bell and lights were all working correctly. Minor inconsistencies that were found were recorded and the maintenance book and these issues had all been dealt completed.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and the entrance and exit doors were monitored by a member of staff. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre. Staff spoken with were able to inform the inspector of what constituted abuse and their duty to report any suspected or alleged instances of abuse.

The centre had a policy on prevention, detection and response to elder abuse. The
contact details of the Health Service Executive (HSE) Senior Case worker were included in the policy.

Judgment:
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:
The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. Two actions on risk management from the last inspection had been adequately addressed.

A comprehensive risk register was available. The risk register included an environmental and clinical identification and assessment of hazards throughout the centre, and controls were identified to minimise risks identified.

Previously, inspectors observed some risks had not been adequately assessed to minimise the impact on residents. For example, residents smoke had escaped from the smoking area into the sitting room area. This had been addressed as the provider had added an additional smoking room off the side of the sitting room which was suitable to meet the residents’ needs. Also there was a smoking apron in place to prevent residents at risk when smoking.

The inspector read the training records which confirmed that staff had attended training on manual handling. Good manual handling technique was observed. A range of assistive equipment was provided and contracts were in place to ensure it was regularly maintained. A hazard /maintenance book was used to record items requiring repair.

Adequate fire safety precautions were in place. A fire register was maintained and precautions against the risk of fire were in place. All fire exits were unobstructed. Fire safety records reviewed confirmed that the fire alarm, emergency lighting and fire equipment regularly was serviced. The inspector read the records which showed that daily inspections of fire exits were undertaken. The inspector read the training records which confirmed that all staff had attended training annually.

On the previous inspection fire evacuation plans displayed throughout the centre were difficult to read and fire evacuation routes were not clearly illustrated on the plan. The provider had increased the size of these plans. An emergency plan was in place which
identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary.

**Judgment:**
Compliant

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

**Findings:**
The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication is regularly reviewed by the centres General Practitioners (G.P.s) The Inspector reviewed a sample of drugs charts. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The centre had also recently changed their medication dispensing procedures and residents medications were now dispensed in weekly blister packs from the local pharmacies. This was to improve medication practices and the time it takes to complete a medication round. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. A system is in place for reviewing and monitoring safe medication management practices.

**Judgment:**
Compliant

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**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


<table>
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<th>Theme: Effective care and support</th>
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### Outstanding requirement(s) from previous inspection(s):

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

### Findings:

At the time of this inspection there were 48 residents living in the centre; 21 of whom were maximum dependency, 13 were high dependency, 7 medium dependency and 7 were low dependency. Residents had a mixture of age related medical conditions and cognitive impairment. The Person in Charge informed the inspector that up to 60% of residents had a cognitive impairment component to their diagnosis.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans were implemented. Care plans were reviewed four monthly and the involvement of the resident was generally recorded. At the last inspection, pre-admission records reviewed were found not to be comprehensive and failed to provide a clinical picture of the care needs of the residents. The inspector reviewed the records of the last two admissions and found that pre admission records were completed and a full clinical picture of the resident had been recorded prior to admission.

The centre had recently updated its electronic care planning system and the inspector reviewed a sample of seven care plans in detail and aspects of other care plans. Recognised assessment tools were used to complete a range of assessments including assessments for falls, moving and handling, nutrition, use of bed rails, tissue viability and cognitive functioning. There was a record of each resident's health condition and treatment given completed daily. The sample of care plans reviewed confirmed that each resident's weight was checked at least on a monthly basis. Nutrition assessments were used to identify residents at risk of malnutrition. There was evidence of appropriate medical and allied health care for example, referrals to the dietician, physiotherapist and specialist tissue viability specialist. There was evidence that care plans were regularly reviewed. Residents' restraints were risk assessed, such as the use of bed rails and lap belts, the rational for using the restraints were recorded and were reviewed by inspector and found to be compliant.

At the last inspection, deficits in clinical care were observed which were not in accordance with evidence based practice. For example in a sample of wound care plans reviewed there was not always a system to track how the wound was progressing. On this occasion, the inspector found continuous monitoring of wounds were documented until they healed. Similarly, at the last inspection following a review, the inspectors had found that accident and incident logs did not have neurological observations recorded following a resident sustaining an injury to the head or where a fall was unwitnessed. On this occasion the inspector found that neurological observations following an
unwitnessed fall had been completed.

**Judgment:**
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

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

**Findings:**
The inspector reviewed the actions from the last inspection and found that an end of Life Policy was available to guide staff to ensure residents approaching the end of their life received appropriate care and comfort. The Inspector reviewed the care plan of a resident who had recently deceased. Regular review by the palliative care team was evident and the resident’s end of life wishes were recorded on their care plan. The inspector viewed two other residents end of life care plans and found that their end of life wishes were also maintained as required by the regulations.

**Judgment:**
Compliant

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**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:**
On the day of inspection thirty four of the forty three residents were assessed as having maximum/high dependency care needs. The inspector reviewed the staffing rosters for the centre and discussed the findings with the person in charge at the end of the inspection. Post the inspection the inspector requested additional staff rosters for the last six months and found a number of discrepancies in the staffing rosters for this centre. There were inadequate staffing resources to cover staff absences. There were a number of occasions where staff had worked well in excess of the normal working week. For example, on one occasion the inspector noted that a care staff had worked fourteen days without a break (141 hours) without a day’s rest.

Normally two nursing staff were rostered to work during the day. However, the inspector found that on the 30/7/15 only one staff nurse worked from 8-1 pm and this impacted on residents care as the nurse had to administer the medications to all of the 43 residents as well as attending to all of their medical needs on her own.

On the week beginning the 28th of July a care staff had worked excessive hours over a two week period totalling 101 hours. During this two week period the care staff worked a mixture of days and nights without an appropriate rest between shifts. The staff member finished work on a Sunday afternoon at 2pm after 44 hours work on day duty that week, but also worked that Sunday night 03/8/15 and the following night totalling 24 hrs on night duty. In addition; they also worked a further 33 hrs on day duty that week.

The inspector spoke with the person in charge about the excessive working hours for staff and she stated this was a result of staff on leave, however, from speaking to staff and reviewing contracts of employment it was evident that this was a regular practice of the staffing management in the centre. The staff’s employment contracts did not specify the number of hours the staff was expected to work per week; they stated that staff would not work in excess of 48 hours per week. The inspector found that some staff were rostered to work well in excess of the maximum contracted hours most weeks over a four to six month period. The inspector spoke to a number of staff regarding their regular hours of work and they all told the inspector that they usually worked three/four twelve hour shifts a week and covered sick leave and holidays if needed. These staff confirmed to the inspector that it was their choice to work the extra shifts.

There were generally 12 front line staff rostered on duty every morning, this was reduces three staff at night from 11 pm to 7 am. This meant there was only 3 staff on duty after 23.00 hrs. to care for up to 48 residents and taking into account the size and layout of the buildings and the high dependency needs of the residents was found to require review. The person in charge has since taken action to increase the staffing on night duty since the inspection.

Mandatory training required by the regulations had been completed by staff reviewed by the inspector.

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:

Thelma O'Neill
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fearna Manor Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000339</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18/08/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27/11/2015</td>
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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:
There was inadequate recording and monitoring of staffing rotas to ensure that staff rotas reflected the actual hour’s staff worked in the centre.

1. Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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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:
• Staff request system has been revised to ensure availability of sufficient staffing levels at high peak annual leave seasons.
• All staff are now incorporated within the roster to include maintenance staff and nursing support staff. This is consistently in operation since the 7th of September 2015.
• Where additional staff cover is required, the Person in Charge ensures that these additional hours are only afforded to staff where adequate rest periods have been provided since the staff member’s last working shift. Furthermore, additional hours for the purpose of roster cover are no longer provided to staff where it increases their working week to an excess of 48 hours.
• Where handwritten changes are required on the roster during fortnightly intervals, the Person in Charge ensures that the accurate up to date roster is appropriately filed where future review of same may be required.
• Roster development is at the responsibility of the Person in Charge on a fortnightly basis ensuring all sufficient roster cover and rest periods to meet the needs of Residents and staff
• The practice of swapping shifts has ceased and all changes required within the roster period are managed by the Person in Charge or Nurse Line Managers

Proposed Timescale: 31/10/2015

Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management did not ensure that the staffing provided was effectively monitored to ensure compliance with the working time Act 1997.

2. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• The practice of swapping shifts has ceased and all changes required within the roster period are managed by the Person in Charge or Nurse Line Managers
• The Person in Charge is maintained informed of any roster changes which occurred in her absence.
• Through the fortnightly development of the roster, the Person in Charge is currently monitoring staff working hours to ensure no staff member is working in excess of 48 hours per week as per their contract of employment.

Proposed Timescale: 31/10/2015
### Outcome 18: Suitable Staffing

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Due to the dependency levels of the residents and the size and layout of the building there may not be sufficient staff to adequately supervise the residents at night.

**3. Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A third health care assistant has been rostered for night duty. This is consistently in operation since the 31st August 2015. It has not had any impact on the service provided as the previous staffing level had no adverse impacts on resident welfare.

**Proposed Timescale: 31/10/2015**

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was inadequate relief staff to replace leave resulting in a number of staff members having worked hours far in excess of the normal working week.

**4. Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
All hours worked were paid hours, however the following have been implemented.

- Additional health care assistants have been recruited since inspection
- The aforementioned revised roster request system has afforded the Person in Charge to maintain adequate staffing levels at high peak annual leave seasons.
- Staff who previously worked in excess of 48 hours per week have been informed of the inspection findings coupled with the health and safety implications of same
- Fortnightly roster development is under the supervision of the Person in Charge to ensure additional working hours are not afforded to staff which increases their hours in excess of 48 hours
Proposed Timescale: 31/10/2015