**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Joseph’s Unit, Bantry General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000597</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bantry General Hospital, Bantry, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>027 52904</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stjosephward.bgh@hse.ie">stjosephward.bgh@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>James A McNamara</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Michelle O'Connor</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 days.

The inspection took place over the following dates and times

From: 14 January 2016 12:30  
To: 14 January 2016 19:00  
From: 15 January 2016 09:00  
To: 15 January 2016 14:30

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 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<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>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection to monitor compliance with the regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

St Joseph’s Unit was located on the campus of Bantry General Hospital and shared some of the facilities available on site such as pharmacy and laundry services. On the day of inspection there were 22 residents in the centre and two vacancies. The inspectors met with the person in charge and members of management including the director of nursing, as well as other members of staff and residents. Documentation was reviewed by the inspectors on site and included staff rosters and training records, residents' care plans, meeting minutes and policies and related protocols.

During the inspection there was evidence of good practice in relation to the delivery
of care. Staffing levels were adequate and residents spoken with reported that they were well looked after and satisfied with the care they received. Issues identified on previous inspection in relation to premises were being addressed with building works clearly in progress and a schedule of works planned for completion before year end. Areas for improvement identified on this inspection included processes around recording and documentation as there were gaps in the maintenance of some records and policies were not always easily accessible with several requiring review or replacement. These issues are covered in more detail in the body of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose dated March 2015 required minor changes to fully reflect Schedule 1 of the Regulations in that it did not reference condition 8 of the centre’s registration certificate or the date of registration. Also arrangements for an absence by the person in charge were not described.

**Judgment:**
Substantially Compliant

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**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:**
On the day of inspection there was evidence that resources were adequate to ensure the effective delivery of care in keeping with the statement of purpose. Where facilities required improvements appropriate action plans were in place to improve the delivery of service; for example the ongoing refurbishment of premises to improve the provision of
The unit was based in a general hospital and management systems were in place to ensure that the services provided were safe, appropriate to residents' needs, consistent, and effectively monitored. There was a clearly defined management structure that identified the lines of authority and accountability.

Systems were in place to monitor the quality of care and experience of residents including a schedule of audits that reflected the requirements of the standards. Quality meetings convened regularly and were attended by senior management; minutes of meetings recorded issues to be addressed included nutrition, access to GP services and choice and input around pharmacy services. The service was well integrated with the local community. There was regular contact and communication with relatives and consultation was facilitated through available advocacy arrangements and also local volunteers. An annual quality review had been completed that reflected themes from the standards.

**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 had appointed a full-time person in charge who, with the support of the Director and Assistant Director of Nursing, had the authority, accountability and responsibility for the provision of service at the centre. In keeping with statutory requirements the person in charge was a registered nurse with the necessary nursing experience in care of the elderly.

The person in charge was additionally supported by stand alone posts within the acute hospital such as Infection Control, Practice Development, Discharge Co-Ordinator and Clinical Placement Co-Ordinator. Additional administrative support in the area of finance was provided by the Hospital Manager. An on-site maintenance department also provided support to the person in charge in relation to routine facilities issues.

Throughout the inspection the person in charge demonstrated an appropriate knowledge of the standards and regulations, and the statutory duties associated with the role of person in charge.
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:
Only documentation relevant to the Outcomes assessed on this inspection was reviewed for the purposes of this report.
Records in relation to recruitment and staffing were maintained in keeping with requirements as set out in Schedule 2 of the Regulations. This included verification of professional registration as identified on previous inspection.

A record of matters in respect of each resident was maintained as per Schedule 3 of the regulations including a comprehensive care plan that contained the relevant medical and nursing notes, assessments, referrals and related correspondence.

A suite of policies was maintained in keeping with Schedule 5 of the Regulations. However, a number of these were not located as recorded and in some instances staff were unable to readily access the documentation. A number of policies were incorrectly filed or required review; for example infection control and risk management. Others were out of date such as the induction and volunteer policy. Also, out of date draft documents were filed alongside current policies which made it more difficult for staff to identify relevant guidance. A risk register was in place and an effective record of incidents and accidents was maintained.

Judgment: Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse. A record of staff signatures against the policy was also maintained. Records indicated that regular training on safeguarding and safety was provided. Staff members spoken with by inspectors had received training and understood how to recognise instances of abuse and were aware of the appropriate reporting systems in place. However, in some instances staff did not have current training in safeguarding and safety. Residents spoken with stated they felt safe and well minded in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. Where allegations had been made they were managed and reported in keeping with policy and statutory guidance.

There was a current policy and procedure in place on the management of residents’ accounts and personal property. The administrative officer responsible for this process demonstrated the procedures and safeguards in place in relation to residents’ finances. Processes to monitor systems that safeguard residents’ personal finances included an internal and external audit. Of a sample of transactions reviewed documentation was in keeping with protocols and balances reconciled with records.

A current policy and procedure was also in place in relation to managing challenging behaviour. Through observation and review of care plans the inspectors were satisfied that staff were knowledgeable of their residents’ needs and responded appropriately in circumstances where residents presented with behaviour that might challenge. Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. A current restraint policy was in place. Where restraints such as bedrails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring and review of restraints. Quarterly notifications included information on restraints in keeping with statutory requirements.

Judgment:
Non Compliant - Moderate

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:
A fire safety register was in place which recorded the regular checks of alarms and exits of the centre. Recorded fire drills were held regularly. A fire training programme was in place; however, not all staff had received up-to-date training. Suitable fire equipment was available throughout the centre which was regularly maintained and a service record was dated October 2015. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. The centre had current policies on health and safety and risk management including a plan for responding to emergencies.

Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections. The inspectors saw evidence of a regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff were seen to observe good hand-hygiene practice and effective use of personal protective equipment. Staff spoken with understood the standard protocols in relation to managing infectious material and handling infectious outbreaks. However, items for laundering were stored for times in containers in corridor areas.

An accident and incident log was maintained and adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms as necessary. Emergency exits were clearly marked and unobstructed. In some instances, where risk had been assessed, residents wore security bracelets that alarmed when in the vicinity of an exit. A risk register was maintained which required review to address a potential hazard in relation to unrestricted access to the kitchen area and unrestricted access to plastic apron dispensers in corridors; the acting person in charge updated the register to this effect at time of inspection.

Judgment:
Non Compliant - Major

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

**Findings:**
Relevant policies were in place on medication management as required by the regulations including the ordering, receipt and administration of medicines to residents and the storage, segregation and disposal of out-of-date or unused medicinal products. The centre had access to the hospital pharmacy services located on site.

Residents had the option of retaining the services of their existing pharmacist on admission. Medication related records were accessible and securely maintained. Staff responsible for administering medications were appropriately trained. At least one qualified nurse was on duty at all times. No residents were self-medicating at time of inspection.

Medication prescription sheets were current and contained the necessary biographical information in keeping with statutory requirements. Prescribed medicines were signed by a GP and times for administration were provided. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A medication administration round was observed by the inspector and practices demonstrated were in keeping with the relevant national guidelines. Medications were reviewed by the GP as required and at least on a quarterly basis. Medications were refrigerated and a temperature log was maintained. The handling of controlled drugs was safe with appropriate monitoring and robust recording systems in place in keeping with current guidelines and legislation.

**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 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:**
Care plans were in place for all residents and inspectors reviewed a sample of these. The wellbeing and welfare of residents was seen to be maintained by a good level of evidence-based nursing care with records of regular review and input by a qualified
medical practitioner. Residents were assessed appropriately on admission. Assessments informing care plans included activities of daily living and appropriate assessment tools were in use to monitor and review areas of care such as weight, skin integrity and mobility. Regular monitoring, including monthly weight checks, encouraged the prevention and early detection of ill health. St Joseph’s unit was located on the campus of Bantry General Hospital and had access to a broad range of related services including specialist care in psychiatry, geriatrics, palliative care and infection control. Care plans were reviewed in keeping with statutory requirements and reviews were signed and dated by staff. Inspectors observed examples of good practice that staff communicated well with residents, that residents could access their care plans, and that there was discussion with both residents and relatives around changing needs.

Access to allied healthcare professionals was in place. For example records indicated that residents were reviewed appropriately by a dietician or speech and language therapist as assessments required. Recommendations were appropriately implemented with revised requirements in relation to dietary needs communicated to staff and food diaries also in place for reference by kitchen staff. However, an inspector queried provisions in place for two residents to access an occupational therapist as assessed and was informed that such services were not available at the time.

There was a dedicated activities coordinator available 24 hours per week who explained to an inspector the provisions in place to meet the needs of residents in this regard. These included access to wheelchair accessible transport to facilitate outings in the community such as local agricultural shows, music recitals and the weekly town market. Activities provided at the centre included a gardening club where residents were supported to tend a small roof terrace garden. Activities and recreation were also supported by both staff and the attendance of local volunteers with additional services providing a further 29 hours per week. Visitors were seen in regular attendance at the centre. Residents were accompanied on visits to local coffee shops and if the weather was bad could also go to the hospital canteen.

Judgment:
Non Compliant - Moderate

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
Findings:
The centre was located on the first floor of Bantry General Hospital on the edge of the town. There was ample car parking facilities for both visitors and staff. The premises and the grounds were adequately maintained with suitable heating, lighting and ventilation.

The centre’s accommodation included five four-bedded rooms. The size and layout of these rooms were adequate. Residents had access to an adequate number of toilets, bathrooms and showers. There were wash-hand basins in each room. All contained the necessary storage facilities including a bedside locker, chair and secure storage. Shared rooms provided adequate space for the provision of assistive care including specialised equipment such as hoists. Privacy for personal care was provided by means of curtained screening. There were also four spacious single ensuite bedrooms. One of these was available for use by relatives during palliative care and also provided a small kitchenette and seating area.

Main meals were prepared on the main hospital campus and delivered to the centre. There was also a separate kitchen area with cooking facilities which supported residents with snacks and refreshments. Residents who could were also supported to access the hospital canteen on the ground floor. A lift facility was in place to aid residents' movement between floors. There was satisfactory provision of handrails and grab-rails throughout the centre. Residents had access to a balcony area which provided some seating and had been planted with raised beds for gardening recreation. Staff changing rooms were provided and were incorporated as part of the larger campus.

The centre had two sluice rooms, wheelchair accessible toilets and showers, a clinical room and a small seating area adjacent to the lift entrance. There was a nurses’ station and separate office space for the person in charge. A quiet room provided a snoezelen facility for residents’ relaxation where residents could also meet visitors in private.

The premises of this centre had been found to be non-compliant on the last inspection and there had been no substantive change to the design and layout since that time. However, an action plan was in place to address these issues and building works were clearly underway with a completion date scheduled for September 2016.

Existing non-compliances included the lack of a separate dining area; the day room was currently used for both recreation and as a dining area. Storage facilities were inadequate and on the days of inspection both laundry and equipment were stored in corridors and communal areas.

Judgment:
Non Compliant - Major

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

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

**Findings:**
A written operational policy for the management of both verbal and written complaints was in place. The procedure for making a complaint, including the necessary contact details of a nominated complaints officer, was displayed clearly in the centre. The procedure outlined the internal appeals process including relevant contact details and also provided information on the wider appeals process of the office of the Ombudsman.

The acting person in charge explained that issues raised were usually addressed and resolved as they arose and that a record of these issues were recorded describing circumstances and outcomes. The services of an independent advocate were available. Transparent records were maintained including a monthly 'nil return' if no issues were raised. The inspectors spoke with residents who were able to identify who to go to should they have any concerns they wished to raise.

**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:**
The planned and actual staff rota was reviewed and the inspectors were satisfied that the staff numbers and skill-mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Recruitment and vetting procedures were in place that verified the qualifications, training and security backgrounds of all staff. Documentation in relation to staffing records was maintained as
per Schedule 2 of the regulations. A record of professional registration details was maintained. The centre engaged a number of volunteers whose roles were documented with appropriate supervision arrangements in place. Garda vetting disclosures had been submitted for volunteers. However, in one instance the completed vetting form was not in place.

The inspector reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. The annual quality review set out a schedule of training implemented to support continuous and improved professional development. Staff spoken with confirmed that they were supported to attend training as required. The training schedule reflected statutory requirements and also the needs of the resident profile such as dementia care, managing challenging behaviour and infection control. Gaps in training are recorded for action against the relevant Outcomes of this report.

At time of inspection the system of supervision was directed through the acting person in charge and a schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. Security protocols around medication such as controlled drugs were effective. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff.

**Judgment:**
Substantially Compliant

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**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:**

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Joseph’s Unit, Bantry General Hospital</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000597</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14/01/2016 and 15/01/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/02/2016</td>
</tr>
</tbody>
</table>

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required minor changes to fully reflect Schedule 1 of the regulations such as condition 8 of the centre’s registration certificate, date of registration and arrangements for an absence by the person in charge.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of Purpose amended to include information set out in schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Proposed Timescale: 09/02/2016

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>A number of policies were not filed in keeping with their index and staff had difficulty locating these; policies filed incorrectly, requiring review or out of date included - the induction and volunteer policy - the risk management policy - infection control policy</td>
</tr>
<tr>
<td><strong>2. Action Required:</strong> Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> A review of schedule 5 Policies will be undertaken and completed 31/03/2016.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/03/2016</td>
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<tr>
<th>Outcome 07: Safeguarding and Safety</th>
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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> However, in some instances staff did not have current training in safeguarding and safety.</td>
</tr>
<tr>
<td><strong>3. Action Required:</strong> Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
</tbody>
</table>
Training commencing 11/02/2016.

**Proposed Timescale:** 31/03/2016

### 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:
Items for laundering were stored for times in containers in corridor areas.

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:
New Build is currently underway. Storage will be addressed within new build.

**Proposed Timescale:** 31/12/2016

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received up to date fire training.

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:
All new Staff will be orientated to the Fire Policy by the Person In Charge and will be assigned a place on the next Fire Training Programme.

**Proposed Timescale:** 31/03/2016

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Access to the services of an occupational therapist was not available.

6. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
The two patient referrals will be attended to by the Occupational Therapist on 16/02/2016.

Proposed Timescale: 16/02/2016

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:
Existing non-compliances included the lack of a separate dining area. The day room was currently used for both recreation and as a dining area. Storage facilities were inadequate. On the days of inspection both laundry and equipment were stored in corridors and communal areas.

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:
New Build under construction.

Proposed Timescale: 31/12/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In one instance the completed vetting form for a volunteer was not in place.
8. Action Required:
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
Garda Vetting for all Staff Grades has been reviewed.

Proposed Timescale: 31/03/2016