<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Corbally House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000414</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Mill Road, Corbally, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 343267</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:corballyhousen@eircom.net">corballyhousen@eircom.net</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>Richard Ryan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Richard Ryan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>41</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 March 2016 10:25</td>
<td>14 March 2016 18:10</td>
</tr>
<tr>
<td>15 March 2016 08:30</td>
<td>15 March 2016 13:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspectors focused on the care of residents with a
dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in December 2013 and to monitor progress on the actions required arising from that inspection. The inspectors met with residents, relatives, and staff members during the inspection. The inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 18 of the 41 residents residing in the centre with a formal diagnosis of dementia. With four further residents suspected of having dementia. Inspectors observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspectors found the person in charge, staff team and the provider were very committed to providing a high quality service for residents with dementia.

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. Inspectors found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre.

The person in charge and provider had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Signs and pictures had been used in the centre to support residents to be orientated to where they were.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors concurred with the provider's judgments'. Although progress was made by the provider in implementing the required improvements identified on the inspection in December 2013, some of the findings at that time were again evident on this inspection. Such as completion of staff files, laundry facilities and updating of policies and procedures. The inspectors also identified that fire doors were being wedged open which required immediate action to remove same. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 41 residents in the centre on the day of this inspection, 24 residents has assessed maximum and high dependency needs, twelve residents had medium dependency needs and five residents had low dependency needs. 18 residents had a formal diagnosis of dementia.

Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health of later life services. The inspector met and spoke to one of the consultant psychiatrists during the inspection who informed the inspector that they regularly attended the centre to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which were followed through by the staff in the centre. Other members of this team such as the community psychiatric nurses also assessed residents referred to them and reviewed other residents on a regular basis as follow-up to consultations they completed.

Inspectors focused on the experience of residents with dementia in the centre on this inspection. They tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

The inspectors saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their
families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The person in charge told inspectors that the nursing team supported by residents' GPs were developing their practice to include care procedures that would prevent unnecessary hospital admissions. She stated that discussion and planning for the end stage of life had prevented unnecessary transfers of residents to the acute hospital and allowed them to die with dignity in the centre. Of the previous nine residents who died all received full end of life care in the centre supported by the staff, GP's and the community palliative care team.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. The inspectors found that the care plans guided care and were were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room was observed by inspectors to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.
There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. However, these required review as they were out of date at the end of February. On the previous inspection, some medications for PRN (as required) administration did not reference maximum dosage over a 24hr period; on this inspection, this was seen to be in place. The pharmacist supplying the centre attended regularly, completed medication audits and was involved in staff education. A list of medications which cannot be crushed formed part of their medication management protocol. There was a ‘medication management competency drug rounds’ audit for nurses which was completed by the person in charge with nurses; this quality assurance initiative to ensure best practice was completed with all nurses. There was evidence on the medication prescription sheets of regular review of medications by the GP’s.

**Judgment:**
Compliant

---

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
Inspectors were satisfied that there were general measures in place to safeguard residents and protect them from abuse. Inspectors reviewed the centre’s policy on suspected or actual abuse which had been updated following the previous inspection. Inspectors reviewed staff training records and saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse and further training was scheduled for later in 2016. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The centre maintained day to day expenses for a number of residents and inspectors saw evidence that complete financial records were maintained. Inspectors reviewed the systems in place to safeguard resident’s finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office, however monies were stored in envelopes with the name of the resident and signatures for lodgements and withdrawals were documented on the
envelopes only, therefore there was no record of monies lodged or withdrawn when the envelope was disposed of following use. This system was found not to be sufficiently robust to protect residents or staff and the action for same is covered under the outcome records.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 1. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There was only one resident using restraint at the time of the inspection. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, were possible. Review of use of restraints was ongoing. The person in charge demonstrated documentation which detailed OT assessments for residents requiring restraint in specialist chairs. Different specialist chairs were trialled but these were unsuccessful. Families were involved in the assessment procedure and gave feedback regarding the process. The inspectors saw that the person in charge and staff promoted a reduction in the use of bed-rails, at the time of the inspection there were no bed-rails in use and the inspectors saw that alternatives such as low low beds, crash mats, bed wedges and bed alarms were in use for a number of residents. Regular checks of all residents were being completed and documented.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents' choice was
Respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how they enjoyed availing of the service.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspectors that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved.

Residents had access to the daily newspaper and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events as well as a library which had a large selection of books which catered for young visitors too.

There was an active residents’ committee which met regularly. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. One resident spoke of her involvement in the committee to the inspector and said she found it useful forum to have their say in the running of the centre. There was evidence that residents with dementia were consulted with and actively participated in the committee.

There was a varied and interesting programme of activities available to residents which included art therapy, bingo, music, sing-songs, exercise fit for life sessions religious activities and other more individualised activities. Residents and relatives told the inspectors how much they enjoyed the activities. Residents art was framed and displayed throughout the centre. The winter garden provided gardening opportunities all year round and residents stated how much they enjoyed to relax in there. The inspectors found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspectors observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.
As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the early morning, prior to, and after lunch and in the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. Inspectors noted that the staff tried to create an atmosphere of relaxation by playing background music appropriate to the age and era of residents.

**Judgment:**
Compliant

### Outcome 04: Complaints procedures

**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:**
On the previous inspection the policy relating to the making, handling and investigation of complaints did not comprehensively describe procedures to be followed and the outcome of whether or not the complainant was satisfied was not recorded in the complaints log.

On this inspection the inspectors found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints policy, which was prominently displayed, met the regulatory requirements. Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

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

Findings:
Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspectors throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. Other training provided included management of responsive behaviours, dementia specific training, infection control, end of life, continence promotion, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including male catheterization and wound care. The inspectors saw that other formal training courses had been booked and were scheduled for the coming months.

On the previous inspection documents maintained under Schedule 2 staff files required improvement, on this inspection the inspectors found that these remained non-compliant with the regulations and found there were a number of unidentified gaps in CV’s, photo identification missing and qualifications were not in staff files as required by schedule 2 of the regulations. The person in charge said she was aware of the shortcomings in relation to staff files and was currently implementing a system to ensure all the required documentation was available and a more robust recruitment system was implemented. It was also identified that there was no vetting disclosure available or written agreement with a volunteer in the centre.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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:**
Corbally House is a Georgian building with a new extension and can accommodate 41 residents. It was located on the outskirts of Limerick city in a residential area on the banks of the river Shannon, which some residents’ bedrooms overlook. There was a homely atmosphere and the décor was warm and comfortable and in keeping with this period house. The outdoor landscaped gardens were located to the front and side of the centre and there was an enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives. The garden may be accessed through several exists and there are seating areas and pathways for residents to walk on. There was a new secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants.

Private accommodation comprised of 35 single bedrooms, 20 of which had en suite shower, toilet and wash-hand basin facilities provided; the remaining residents were accommodated in three twin rooms. Resident accommodation was over two floors with the majority of the residents residing on the ground floor.
Upstairs accommodation comprised of four single bedrooms and one twin bedroom with shower, toilet and wash-hand basin en suites; there was a seating area with comfortable chairs, table and fireplace with views of the front entrance and garden area. There was a large sitting room down stairs, a dining room and other seating areas around the centre. An oratory with adjoining quiet space for reflection was available and mass was said weekly.

Residents’ bedrooms were discreetly but highly personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. Access to and from the centre was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. The corridors were wide and bright and allowed for freedom of movement. There was adequate lighting and ventilation and an appropriate heating system in place in the centre. On the day of the inspection, the centre was clean and the providers said they had planned a programme of repainting and decoration to commence in the next number of months.

A chair lift was provided between floors however although the provider confirmed that this was serviced regularly records of servicing were not available at the time of the inspection. Inspectors saw that residents had access to equipment that promoted their independence and comfort. Equipment seen by inspectors was found to be fit for purpose, however again up-to-date service records were not available for all equipment on the day of the inspection. These records were forwarded to the inspector following the inspection.
During the inspection, inspectors noted some risks which they brought to the attention of the person in charge and the provider. The doors to a number of bedrooms and a lounge were held open by wooden wedges, chairs, waste bins and other items which posed a risk to residents in the event of fire. On the previous inspection the laundry was identified as requiring review and action. A review of storage was required as there were inappropriate items stored on the shelves, cupboards and floor in the laundry room. The cleaners’ trolley was stored in that it obstructed the hand wash sink and work-flow practices in the laundry. On this inspection the inspectors found that there was little change to practice and due to the layout of the laundry there was no segregation of clean and dirty linen which did not comply with best practice in infection control.

**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:**

Caroline Connelly
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>Corbally House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000414</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14/03/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/04/2016</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 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents’ monies that were handed in for safekeeping were stored in envelopes with the name of the resident and although there were two signatures for lodgements and withdrawals these were documented on the envelopes only, therefore there was no record of monies lodged or withdrawn when the envelope was disposed of following use. This system was found not to be sufficiently robust to protect residents or staff.

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

**Please state the actions you have taken or are planning to take:**
Proper ledgers outlining patient expenses has now been put in place with signatures for input and output of monies on each transaction

**Proposed Timescale:** 20/04/2016

---

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
On the previous inspection documents maintained under Schedule 2 staff files required improvement, on this inspection the inspectors found that these remained non-compliant with the regulations and found there were a number of unidentified gaps in CV's, photo identification missing and qualifications were not in staff files as required by schedule 2 of the regulations.

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

**Please state the actions you have taken or are planning to take:**
We are in the process of updating all our staff files to the appropriate compliance and regulations

**Proposed Timescale:** 20/06/2016

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
It was identified that there was no written agreement with a volunteer in the centre.

**3. Action Required:**
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
A written agreement is now being drawn up

**Proposed Timescale:** 20/05/2016

**Theme:**  
Workforce

*The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:*

It was identified that there was no vetting disclosure available for a volunteer in the centre.

**4. 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:**

Appropriate Garda vetting forms have now been completed for all volunteers

**Proposed Timescale:** 20/05/2016

---

**Outcome 06: Safe and Suitable Premises**

**Theme:**  
Effective care and support

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

The doors to a number of bedrooms and a lounge were held open by wooden wedges, chairs, waste bins and other items which posed a risk to residents in the event of fire.

Items were inappropriately stored in the laundry and due to the layout of the laundry there was no segregation of clean and dirty linen which did not comply with best practice in infection control.

**5. 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:**

All doors are now free of wooden wedges etc  
Laundry plan is now being reviewed.

**Proposed Timescale:** 20/06/2016