

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oakwood Private Nursing Home
Centre ID:	OSV-0000373
Centre address:	Circular Road, Ballaghaderreen, Roscommon.
Telephone number:	094 986 1033
Email address:	info@oakwood.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Oakwood Private Nursing Home Limited
Provider Nominee:	Declan McGarry
Lead inspector:	PJ Wynne
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	16

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 1 day(s).

The inspection took place over the following dates and times

From: 23 May 2016 08:45 To: 23 May 2016 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 09: Medication Management		Compliant
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to Health Information and Quality Authority (HIQA) along with relevant policies. The inspectors reviewed these documents prior to the inspection.

Inspectors met with residents, staff members, the person in charge. The inspectors tracked the journey of residents with dementia. Care practices and interactions between staff and residents were observed. A formal recording tool was used for this

purpose. Documentation to include care plans, medical records and training records were examined.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. Access to allied health professionals was available. When needed, residents were transferred to hospital for investigation and treatment.

The building was well maintained, warm, comfortably decorated and visually clean. Residents were highly complimentary of the food and care provided.

A total of seven Outcomes were inspected. The inspector judged three Outcomes as non-compliant moderate. The remaining four were judged as substantially in compliance with the regulations.

Aspects of the service identified for improvement include,

There was an insufficient number of nursing staff employed to ensure the person in charge had sufficient time allocated to the governance matters required by the service.

The systems in place to ensure admissions are well planned requires review.

There were limited opportunities for residents to participate in activities in accordance with their interests and capacities throughout the morning time.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample examined.

There were not clear directions on the times medication should be administered. While the kardex outlined the number of times during the day each medication is to be given the actual times of administration were not outlined.

Medications that required strict control measures were kept in a secure cabinet which was double locked. At the time of this inspection four residents were being administered controlled drugs. The inspector checked a selection of the medication balances and found them to be correct.

Judgment:

Compliant

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:

There were 45 residents in the centre during the inspection. Many residents were noted

to have a range of healthcare issues and the majority had more than one medical condition. At the time of inspection 19 residents were identified with a dementia related condition as their primary or secondary diagnosis.

In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores and continence needs.

Personal profiles were in the process of being developed. At the time of this visit three to four were fully completed. Information was provided to families to assist the staff develop social care assessment. Those completed included details of the residents' life history, their likes and dislikes, and photographs from throughout their lives.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. However, further work is required to develop care plans that are more person-centred and individualised for residents with dementia or behaviours that challenge. In care plans for residents with dementia the degree of confusion or anxiety was not outlined. There was no information that indicated how this impacted on daily life. Information such as who the resident still recognised or what activities could still be undertaken which guide staff practice was not always evident.

Residents physical care needs were documented well in the daily care records. However, they do not reflect all interventions for example responsive behaviours, restlessness or level of psychosocial support required.

The systems in place to ensure admissions are well planned requires review to ensure all necessary information relating to a residents health, personal and social care needs is obtained at the earliest possible stage to ensure clear continuity of care. In some files reviewed newly admitted residents were not reviewed by a GP within a short time frame of being admitted.

Access to allied health professionals to include speech and language therapy, psychiatry and dietetic services was available. The provider employs a physiotherapist two days each week for a five hour period. The physiotherapist is available to review all residents and undertakes individual and group exercise to promote mobility. Some residents have a personalised exercise programs developed. There was access to occupational therapy. Specialist equipment was provided for residents with an identified need. A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity or when residents spent long periods of time in bed.

When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend specialist medical appointments. Transfer of information within and between the centre and other healthcare providers was found to

be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files. However, one file reviewed identified a follow up review recommended by speech and language therapist was not arranged within the recommended timeframe.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspectors observed and saw that residents were treated well with support provided appropriately. Calculated risk was discussed between residents and the nursing team. On this basis resident's choice was supported. Residents' independence was promoted and residents were observed to move freely around the building throughout the day.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming all staff had up to date refresher training in protection of vulnerable adults. The person in charge is a qualified trainer in adult protection.

A policy and associated procedures for the prevention, detection and response to allegations of abuse was in place. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with resident's behaviours and could describe particular resident's daily routines very well to the inspectors. Staff had completed training on caring for older people with cognitive impairment or dementia. This training included components to respond to responsive behaviours. The need for further training was identified to ensure newly recruited staff have the skills to intervene appropriately

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. The community mental health nurse visits the centre to provide specialist advice to support care to residents.

There was a policy on restraint management (the use of bedrails and lap belts) in place.

A restraint free environment was being promoted. At the time of this inspection there were twelve residents with bedrails rails, of which five were at the resident's request as an enabler. Resident's capacity to make decisions and give consent requires review. Three residents wore a security monitoring bracelet. While a risk assessment from the perspective of safety was in place, cognisance of issues in relation to the human rights of the resident were not factors in the assessment. A plan of care was not developed in each case to outline the need with consent obtained for the wearing of a restrictive monitoring device.

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:

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes. Observations were undertaken in the sitting room. Observations were undertaken both in the morning and afternoon.

In the first observation the inspectors found 100% of the observation period (total observation period of 30 minutes) the quality of interaction score +1 (task orientated care). The observation took place in the sitting where residents had gathered for the morning. The entire observation period was very passive and not stimulating. There were 26 residents in the sitting room and one care staff. Only one resident was actively engaged in reading the newspaper. A local radio station was playing. The entire observation period was very passive with very little stimulating activity. A number of residents were observed sleeping and when the tea trolley arrived the care staff woke residents for their morning tea. All the chairs were tightly placed together and none of the armchairs were of a wing back design. One resident while sleeping continually leaned over into the personal space of another resident. There was limited space for residents to locate personal aids or walking frames nearby their seating area. No side tables were provided to assist residents while having their morning tea and biscuits.

The second observation period was undertaken prior to lunch. Some residents had left the sitting room to attend the first lunch sitting. There were 17 residents in the room.

One resident had a visitor and another resident read his newspaper. Six residents were observed asleep in their chairs. One resident was provided with her lunch in the sitting as this was a preferred choice. The entire observation period for the majority of the residents was very passive with little or no stimulating interaction. Some residents were seated adjacent to the door which opened into the room and imposed on their personal space. Seating arranged close to the second entrance door posed a trip hazard for residents entering or exiting the room from the feet of seated resident in the area of the door. While staff provided kind personable care the quality of interaction scores was +1, (task orientated care).

The third observation period was in the sitting room in the late afternoon. An activity coordinator facilitated activities for residents. The inspector observed the residents were more alert and engaged well throughout the observation period. Residents sang songs and there were lots of friendly and personable interactions. Staff entering the sitting room greeted residents and spoke individually to residents regarding topics in which they had a particular interest. A staff member during the observation period discussed with a resident her knitting work. The inspectors concluded at the end of the 30 minute observation period all of the residents experienced positive connective care.

Residents had access to advocacy services. An advocate from a recognised agency visits the centre regularly and reported any concerns to the management team. Residents on two days each week in the afternoons participated in a Sonas activity in the smaller sitting room.

Residents' privacy was respected. Bedrooms and bathrooms had privacy locks in place. Residents could receive visitors in private.

Residents with good cognitive ability choose what they liked to wear and inspectors saw residents looking well dressed. Residents appeared comfortable with staff, engaged with them and called for them when they needed support. Staff knew residents well and could describe for inspectors their backgrounds and specialist interests.

Resident's meal preferences were facilitated. Residents spoken with were highly complimentary of the food and the care provided by all staff

Residents could practice their religious beliefs. Mass was celebrated each morning by a resident priest. There was an oratory available for residents use. This was very well designed and provided a quiet place for residents' to have personal space for prayer.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. This ethos was outlined in the complaints policy. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints. However, the complainant's satisfaction with the outcome of the matter raised by them was not recorded in the log prior to closing off on complaints investigated.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was an appropriate number of care staff at the time of this inspection rostered throughout the day. However, there was an insufficient number of nursing staff employed to ensure the person in charge had sufficient time allocated to the governance matters required by the service. There were two nurses from 8:00 am till 18:00 pm Monday to Friday. This included the person in charge who was rostered for the delivery of clinical care due to a shortfall in nursing staff. There was only one nurse rostered throughout the day at the weekends. This was discussed with the person in charge and she explained she was actively working to recruit additional nursing staff. On the day of inspection a newly recruited nurse was on induction training.

There was a policy and clear procedure for the recruitment, selection and vetting of staff. It was reflected in practice. Recruited staff confirmed to the inspectors they undertook an interview and were requested to submit names of referees and complete Garda Siochana vetting.

Information available conveyed that staff had access to ongoing education and a range of training was provided. Required mandatory training such as fire safety, moving and

handling and adult protection was undertaken. Training on infection control and health and safety was provided to staff.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Findings:

The location, design and layout of the centre are suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The building was well maintained, warm, comfortably decorated and visually clean.

There are eight single bedrooms with full en-suite, twenty single bedrooms with en-suite toilets, four twin rooms with wash hand basin in the older section of the building. Nine single en-suite bedrooms are provided in a new ground floor extension. These new bedrooms were occupied at the time of inspection.

There are eight twin apartments, over two floors, at the side and back of the existing building. The existing building and the two storey building are connected by a long corridor. While the centre is registered to accommodate a maximum of 61 residents, 45 residents were residing in the centre on the day of inspection. No residents had been admitted to the two storey extension to the centre. The person in charge confirmed this was planned to occur on a phased basis with the recruitment of additional staff. The person in charge is required to submit a schedule of admissions, outlining timeframes during which new admissions will occur with an incremental staffing plan.

The main sitting room was occupied to full capacity throughout the day. Residents have limited personal space in the day sitting room. Consideration to use the second smaller sitting room from early morning was discussed with the person in charge. This was based on the outcome of inspector's observation as discussed in Outcome 3, Residents' Rights, Dignity and Consultation.

There was use of visual cues to help residents identify their bedroom and toilet areas. Further improvements in the use of visual cues or pictorial signage to direct resident from their bedrooms to communal areas would be beneficial to assist promoting the independence of residents.

There were features that prompted memory and orientation. The development of areas to display items to stimulate memory and provide areas of interest and diversion was in progress. The inspectors identified the need for additional reminiscence prompts for

residents and to support staff to redirect residents.

Bedrooms windows were at a low level and residents had good visible views of the gardens. There is an enclosed courtyard, landscaped and provided with seating. The doors of the building on either side can be opened to allow free access for continuous circular movement. This gives freedom to residents, particularly those with confusion or dementia who like to actively walk around without having to turn back.

An additional handrail to promote the safety of residents while mobilising independently was identified as being required along the corner wall opposite the nurse station.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Oakwood Private Nursing Home
Centre ID:	OSV-0000373
Date of inspection:	23/05/2016
Date of response:	07/07/2016

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 09: Medication Management

Theme:

Safe care and support

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

There were not clear directions on the times medication should be administered. While the kardex outlined the number of times during the day each medication is to be given the actual times of administration were not outlined.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

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

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Each resident's medication is administered in accordance with the directions of the prescriber and in accordance with advice provided by that resident's pharmacist regarding the appropriate use of the product.

Our Kardex provides for actual times of administration of medication to be highlighted and this is now highlighted on all medications prescribed for regular use. Medications prescribed for use as required are not assigned a time.

Proposed Timescale: 07/07/2016

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Social care assessments were not well developed in all files examined and did not always inform the personalisation of some residents' plans of care.

The systems in place to ensure admissions are well planned requires review to ensure all necessary information relating to a residents health, personal and social care needs is obtained at the earliest possible stage to ensure clear continuity of care.

2. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Prior to all admissions an assessment is carried out of the persons health and their personal and social care needs. If the person is deemed suitable for admission a comprehensive assessment is carried out on admission.

Proposed Timescale: 07/07/2016

Theme:

Safe care and support

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

Further work is required to develop care plans that are more person-centred and

individualised for residents with dementia or behaviours that challenge to ensure they are more person centred.

3. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans are now completed no later than 48 hours following the admission of a resident.

Proposed Timescale: 07/07/2016

Theme:

Safe care and support

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

One file reviewed identified a follow up review recommended by speech and language therapist was not arranged within the recommended timeframe.

4. 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:

When additional professional expertise is advised by a medical team this is organised. Speech and language therapy, dietetic therapy etc assessments are scheduled where advised and for those requiring reviews.

Proposed Timescale: 15/07/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The need for further training was identified to ensure newly recruited staff have the skills to intervene appropriately to respond to responsive behaviours

5. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

that is challenging.

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

Training is scheduled for July and August for staff who have not had training in challenging behaviour.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

Three residents wore a security monitoring bracelet. While a risk assessment from the perspective of safety was in place, cognisance of issues in relation to the human rights of the residents were not factors in the assessment. A plan of care was not developed in each case to outline the need with consent obtained for the wearing of a restrictive monitoring device.

6. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Discussions with residents and/or next of kin that take place before alarm bracelets are used are now documented as part of the resident's care plan.

Proposed Timescale: 07/07/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There were very limited opportunities for residents to participate in activities in accordance with their interests and capacities throughout the morning time.

7. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

There is an activity therapist employed 4 to 5 days weekly who works in conjunction with residents and staff to identify and deliver resident's occupation and recreation

needs.

The expressed interests of residents following breakfast is to have their morning chats and listen to Mid-West radio prior to our daily mass which commences at 10.45am. Staff chat with residents during this time and update them on national, local or personal news and happenings. Some residents like to take a daily paper to their room to read at this time. Many residents may be resting at this time as they have expended quite an amount of effort and energy with getting up, washed/showered, toileting, having breakfast and walking. At 10.15 to 10.30 am there is a morning break for drinks/tea/coffee and biscuits which stimulates conversation before mass begins.

The recreation and activity requirements of our residents is constantly under review to ensure the needs of residents for occupation and recreation are being met.

Proposed Timescale: 07/07/2016

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complainant's satisfaction with the outcome of the matter raised by them was not recorded in the log prior to closing off on complaints investigated.

8. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

All future documentation regarding complaints will include whether or not the resident is satisfied with the outcome.

Proposed Timescale: 07/07/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

There was an insufficient number of nursing staff employed to ensure the person in charge had sufficient time allocated to the governance matters required by the service.

9. 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:

At the time of inspection the nursing staff available for rostering was reduced due to two nursing staff leaving for employment with the HSE and it was necessary to include the person in charge on the weekly roster to ensure the number and skill mix of staff was appropriate to the needs of residents.

Additional nursing staff are now employed and the person in charge now has sufficient time allocated to attend to governance matters.

Proposed Timescale: 07/07/2016

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 main sitting room was occupied to full capacity throughout the day. Residents have limited personal space in the day sitting room. Consideration to use the second smaller sitting room from early morning was discussed with the person in charge. This was based on the outcome of inspector's observation as discussed in Outcome 3, Residents' Rights, Dignity and Consultation.

10. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

In addition to the main sitting room the second sitting room and the sun lounge are now used for residents throughout the day, residents if they choose come together in the main sitting room for occasions such as mass, parties, music sessions etc.

Proposed Timescale: 07/07/2016