<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lir Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000711</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tournafulla, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>069 81188</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lirnursinghome16@outlook.com">lirnursinghome16@outlook.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Margaret Costello McGeehan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Costello McGeehan</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>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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>26 April 2016 10:50</td>
<td>26 April 2016 18:00</td>
</tr>
<tr>
<td>27 April 2016 09:00</td>
<td>27 April 2016 14:00</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></td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td></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></td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></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 Health Information and Quality Authority (HIQA). 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 had 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. However this had not been returned to HIQA but was available on the day of the inspection.

During this inspection the inspector 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 October 2014 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector 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 inspector 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 two of the ten residents residing in the centre with a formal diagnosis of dementia. With three further residents suspected of having a cognitive impairment. The inspector observed that some of the residents required 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 inspector found the person in charge and staff team were very committed to providing a high quality service for residents with dementia and all residents in the centre.

The inspector 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. The inspector 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 premises were homely, clean, warm and décor was maintained to a good standard. The centre provided a pleasant and calm environment for residents. Residents’ healthcare needs were fully met. Staff interacted with residents in a kind and warm manner. It was evident that staff knew the residents very well. Activities were provided in accordance with the residents’ individual needs and personal preferences. Residents told the inspector that they felt happy and safe and were enabled to exercise choice over their daily lives. The inspector found the residents
were enabled to move around as they wished. But improvements were required in the forms of signs and pictures to support residents to be orientated to where they were. An enclosed garden or outdoor space was not available for residents use.

The person in charge had completed a self assessment tool on dementia care but had not submitted it 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 as substantial compliance in all outcomes and the findings and judgments of inspector did not concurred with the provider's judgments in which the inspector found three outcomes substantially compliant and three outcomes moderate non-compliance. The inspector also identified that overall the system to manage and store records in the centre required significant improvement to ensure completeness and ease of retrieval. 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 Centre's 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 01: Health and Social Care Needs

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:
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 10 residents in the centre on the day of this inspection, there were two of the ten residents residing in the centre with a formal diagnosis of dementia. With three further residents suspected of having a cognitive impairment.

The inspector found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. The residents' health and social status was closely monitored.

All residents had access to a General Practitioner (GP) of their own choice and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents had timely access to a GP. Residents had been referred to other medical services.
and nursing professionals and blood tests and appointments were organised when required. The person in charge told the inspector that residents had access to a range of allied health care services including occupational therapy, chiropody and physiotherapy and that nutritionist services were provided as required from the local community hospital and also from private companies that called to the centre periodically.

Each resident had a comprehensive assessment of needs completed. However resident risk assessments were not all completed as necessary using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their urinary continence. On previous inspections these had all been completed however on this inspection they were not all in place. Improvements were seen in care plans since the last inspection but it was not clear that the care plan was directing care as they were kept separate from daily records. Care plans were reviewed at a minimum every four months as required by legislation.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained. There were no residents with pressure ulcers or wounds at the time of inspection. Where residents refused treatment, this was respected and documented in the residents’ files. Overall, the inspector found that resident’s files were person-centred and reflected the needs, capacities and wishes of the residents. However, improvements were required as outlined above. The inspector spoke with staff who were able to clearly articulate the care to be given to each resident; the inspector concluded that this was a documentation and not a practice issue. The person in charge had already identified some difficulties with the assessment documentation and was exploring ways to address this gap.

Written policies were in place relating to the ordering, prescribing, storing and administration of medications to residents. Medications were ordered on a monthly basis and checked on receipt from the pharmacy. A new comprehensive system of documentation and storage of medications had been put in place. The inspector found on this inspection that the nurse did not adhered to appropriate medication management practices when administering medications to residents on the round. The inspector observed that during the administration from the controlled monitoring dosage system the nurse handled residents medications and these were then placed on the residents table, no receptacle such as a medication pot or spoon was in use. Tablets were seen to fall on the floor and the whole system required review to ensure best practice in administration and infection control was abided by.

On the previous inspection the inspector found that medicinal products requiring refrigeration were stored inappropriately in the domestic fridge. This was not in line with best practice due to the temperature differences between domestic and medication fridges and the difficulties with accurately monitoring the temperature of a domestic fridge. A separate dedicated fridge, capable of being locked, was available in the centre and the person in charge re-commenced using it during the inspection. On this inspection it was seen that this was in continual use.

There were no residents in receipt of controlled drugs or crushed medications at the time of inspection. Nurses were transcribing medications however this was not signed by
the nurse as required by best practice guidelines and there was not a policy outlining the requirements in the centre for transcribing. On the second day of inspection all the transcribed prescriptions had been signed and checked by the transcribing nurse.

Residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs. There was a policy on the management of end-of-life care which was within date. The person in charge outlined how the end-of-life wishes and preferences of many residents were known to staff, were communicated via families or were known to the residents' solicitor or executor of a will. On the previous arrangements were not in place to afford all residents an opportunity to consider and communicate their end-of-life wishes and preferences, on this inspection the inspector found that residents wishes were generally documented in their care plans.

There was access to palliative care services if required from a hospice team. Residents had access to timely GP services around the time of death. Residents' medical and nursing needs were fully met around end-of-life including in relation to pain relief, comfort, skin integrity and hydration. Although most residents were in shared rooms, the person in charge outlined how privacy was afforded to residents and their families towards end-of-life. For example, the single room was kept available where possible.

Family and friends were facilitated to be with their loved ones towards the end of their lives. Facilities for family and friends to stay overnight were available, including use of the visitors room. Tea and coffee-making facilities and snacks were readily available for use at any time. The inspector viewed a book that was maintained for any resident who had died in the centre. The book was very personal and contained a tribute to each resident; each tribute contained information such as where the person was from, their family, their interests, strengths, hobbies and who they were remembered by.

Records in the centre were generally not maintained in a way to be easily retrievable and accessible by all. Improvements were required in the whole system of records management. This was discussed with the person in charge who said she was delegating the records to one of the management team to ensure completeness and accessibility.

**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:
There were relevant policies in place including in relation to: the prevention, detection and response to abuse; behaviour that challenges; restrictive practices; and residents’ personal property and possessions.

The inspector was satisfied that there were measures in place to safeguard residents and protect them from abuse. The inspector reviewed staff training records and saw evidence that staff had received mandatory training on detection and prevention of elder abuse however this training was in June 2013 and refresher training was required this is discussed further in outcome six staffing. 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. Relatives reported that they felt their residents were very safe in the centre and as they visited on a very regular basis they would notice any changes in their relatives’ behaviour.

The provider confirmed that she was not acting as a pension agent for any resident at the time of inspection. The centre generally did not maintained day to day expenses for residents as residents kept their own monies and locked storage was provided for same. Residents and relatives paid separately for hairdressing and chiropody and although extras to the weekly fee were documented in the contract of care, the inspector recommended that they were more clearly outlined with costs involved.

Residents were provided with support that promoted a positive approach to behaviours that challenge. A restraint-free environment was promoted and there was no restraint in use in the centre at the time of the inspection. Alternatives to restraint were in use such as low low beds and alarm mats.

On the previous inspection it was identified that staff had not received training in relation to management of responsive behaviours, as required by the Regulations. On this inspection the inspector saw that this had taken place in 2015. The inspector spoke with staff and found that they were aware of how to support individual residents and manage behaviours that challenge. Plans were seen to be in residents notes for the management of any responsive behaviours.

Judgment:
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:
The inspector noted that residents received care in a dignified way that respected them individually. The centre operated an open visiting policy which was observed throughout the inspection. 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. Relatives who spoke to the inspector commended staff on how welcoming they were to all visitors and they regularly had tea/coffee with their relative during their visits. They said that if they had any concerns they could identify them to the person in charge and were assured they would be resolved. There was a visitors’ room for private visiting but this was used infrequently as visitors tended to visit in the lounge.

The inspector found that the privacy and dignity of residents was respected. Residents in shared bedrooms confirmed that their privacy was maintained and adequate screening was provided. Residents confirmed that they were facilitated to exercise their rights and residents’ communication needs were met.

The inspector found that residents were consulted about how the centre was organised. Feedback from residents was captured in a number of ways. There was a residents’ committee and the inspector viewed minutes of meetings and found that they were meaningful and led to improvements. For example, minutes reflected that the provider sought residents’ views on how to develop the activities offered in the centre; as a result, an activities coordinator now visited the centre weekly. The provider outlined how she informally seeks feedback from residents on a daily basis. The inspector spoke with residents who confirmed this took place.

The inspector heard staff addressing residents by their preferred names and speaking in a clear and courteous manner. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. The inspector spoke with residents and relatives who praised the staff stating that they were kind and treated residents with respect.

Residents’ religious rights were facilitated residents had a DVD of mass that they played daily and the centre was beside the local church and the priest visited regularly. Links were maintained with the community. The inspector spoke with a number of residents who confirmed that they went out regularly with family. Daily newspapers and local newsletters were available which residents enjoyed. Celebrations took place at times like Christmas, St. Patrick’s Day, Easter and for residents’ birthdays. The provider had maintained a book which recorded feedback from relatives, the feedback was all extremely positive and very complimentary to the person-centred care provided in a very homely environment by caring staff.

The inspector noted that residents’ autonomy and independence was promoted. Staff were observed encouraging and assisting residents to mobilise and walk around the centre. However on previous inspections residents tended to walk to the dining room for their meals on this inspection the inspector saw that meals were served in the day room on tables in front of the resident and although the staff said this was the residents’ choice it did not facilitate the residents to have the opportunity to move to a different area for dining and to have a more social dining experience.
There was a reasonably varied programme of activities available to residents which included music, sing-songs, reminiscence, arts and crafts, chair based exercise, religious activities and other more individualised activities. The inspector saw a music session undertaken by the activity co-ordinator who facilitated the residents to sing along and join in. All residents were individually included and interacted with throughout. He also spent time in the room with one resident who loved music and singing but did not like to leave her room to ensure all residents had access to activities. Relatives spoken with gave positive feedback on the activities and often joined in with the groups.

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 before 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.

**Judgment:**
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:**
The inspector found that a system was in place for the management of complaints.

The inspector reviewed the complaints book and found that any complaint recorded the required details, including the action taken, the outcome and whether the complainant was satisfied. The inspector spoke with residents who confirmed that they would be comfortable with raising any complaints with the person in charge or the nurse on duty. In addition, a dedicated person was allocated to speak individually with each resident on a monthly basis to check whether residents had any complaints.

The inspector viewed the complaints procedure and found that it was comprehensive and user friendly. The complaints procedure was prominently displayed in the front hall and in the bedrooms. A nominated complaints officer and an independent appeals person were in place and contact details were displayed.

**Judgment:**
Compliant
**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were 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 inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

The inspector found that, at the time of inspection, there were sufficient staff numbers with the right skills and experience to meet the assessed needs of residents. The person in charge explained how staffing levels were determined by the dependency level and needs of the residents. The inspector spoke with residents who confirmed that staff responded quickly to them at different times of the day and night. The inspector found that the person in charge and the staff nurse were working excess hours per week and although this provided continuity of care it needed to be reviewed to ensure compliance with the working time directives. There was an staff rota which just said April there was no other date on it, therefore there was no accurate record of persons working at the centre maintained and of whether the roster was actually worked as is required by legislation.

There was a training programme in place for staff. Since the previous inspection staff had received training in the management of behaviours that challenge and in dementia specific training. All staff members had received mandatory training relating to fire safety, elder abuse, and moving and handling of residents, However records showed that elder abuse training was last provided in June 2013 and a refresher was required. Moving and handling training was also seen to be out of date for a number of staff. All care staff had either completed or were in the process of completing the FETAC Level 5 or equivalent care assistant course.

The inspector viewed a number of staff files and found that the documents to be maintained under Schedule 2 staff files required significant improvement. There were a number of items missing from staff files including written references for a relatively new member of staff, a full employment history, correspondence and any other records in relation to the staffs employment and records of current registration details for a number of nursing staff. Photo identification was also seen to be missing and qualifications were not in staff files as required by schedule 2 of the regulations.

There was no file with vetting available for the activity co-ordinator who works in the centre weekly.
**Judgment:**
Non Compliant - Moderate

---

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The location, design and layout of the centre was in line with the statement of purpose, was suitable for its stated purpose, met the residents' needs and there was appropriate equipment for use, which was properly maintained.

The premise was located in a rural village. There was a small outdoor space that was pleasant and contained seating. Residents confirmed that they enjoyed using the outdoor space. However, this space was not enclosed and opened onto the main road therefore residents with dementia would have to be supervised at all times when using the outdoor space.

The centre was homely, comfortable and clean and décor was maintained to a good standard. Although most residents shared a room, there was a room provided for residents to receive visitors in private, should they so wish.

Accommodation comprised one single bedroom and five twin-bedded bedrooms. There were a sufficient number of toilets, bathrooms and showers in the centre. Each bedroom accommodated a bed, a bedside locker, a wardrobe, a chair and any equipment or furniture as required by any resident. There was suitable storage for residents' belongings. Residents could avail of a lockable locker and/or small safe for personal items or possessions. The majority of the bedrooms were on the first floor which was accessed by a stair lift.

Adequate privacy was ensured; shared rooms provided screening that ensured privacy for personal care. All rooms allowed for adequate movement of residents and staff, free movement of a hoist or other assistive equipment and free access to both sides of the bed. There was a functioning call bell system in place throughout the centre.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry and this was done on-site.

There was suitable assistive equipment provided, including electric beds, walking
frames, pressure relieving air-cushions and mattresses. Servicing records were all up to date. Staff had received training or instruction in relation to how to use equipment correctly. There was adequate storage space and equipment was stored safely.

There were not adequate signage and cues used to assist with perceptual difficulties and orient residents. Further consideration of the use of colours and signage in the centre would assist the staff to meet the needs of residents with dementia to enable them to flourish.

**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>Lir Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000711</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/04/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/05/2016</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: 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:**
One resident admitted to the centre did not have an initial care plan in place within 48 hours of admission as required by legislation.

1. **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

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
A completed care plan is now in place.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>16/05/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents assessments using validated tools were not in place for all residents in their care plans on the days of the inspection.

**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:**
Comprehensive assessments are being done now.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>05/08/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe care and support</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records in the centre were generally not maintained in a way to be easily retrievable and accessible by all. Improvements were required in the whole system of records management.

**3. Action Required:**
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

**Please state the actions you have taken or are planning to take:**
A complete overhaul of all of or records are now being implemented.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>05/08/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The current system of medication administration required review.

The medication policy did not guide the transcribing practice in the centre.

**4. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are 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:**
Advice is being sought from the pharmacist and being implemented in conjunction with medication, management for nurses and midwives (Bord Altranais)

**Proposed Timescale:** 05/08/2016

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training records showed that elder abuse training was last provided in June 2013 and a refresher was required. Moving and handling training was also seen to be out of date for a number of staff.

**5. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All training has now been procured and we are awaiting dates for same.

**Proposed Timescale:** 05/08/2016

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were a number of items missing from staff files including written references for a relatively new member of staff, a full employment history, correspondence and any other records in relation to the staffs employment and records of current registration details for a number of nursing staff. Photo identification was also seen to be missing and qualifications were not in staff files as required by schedule 2 of the regulations.

There was no file with vetting available for the activity co-ordinator in the centre.
6. 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:
This is now being undertaken.

Proposed Timescale: 05/08/2016

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The duty roster did not clearly outline who was working in the designated centre and whether the roster was actually worked as required by legislation.

7. 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:
A new roster is being implemented and we are recruiting extra staff presently.

Proposed Timescale: 05/08/2016

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:
There was a small outdoor space that was pleasant and contained seating. However this space was not enclosed and opened onto the main road therefore it was not a safe space for residents with dementia.

There were not adequate signage and cues used to assist with perceptual difficulties and orient residents. Further consideration of the use of colours and signage in the centre would assist the staff to meet the needs of residents with dementia to enable them to flourish.

8. 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:
A gate is already at the entrance but is not always closed. This will be done henceforth.

Proposed Timescale: 16/05/2016