

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carechoice Ballynoe
Centre ID:	OSV-0000210
Centre address:	Ballynoe, Whites Cross, Cork.
Telephone number:	021 430 0534
Email address:	ballynoe@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Carechoice Ballynoe Limited
Provider Nominee:	Paul Kingston
Lead inspector:	John Greaney
Support inspector(s):	Maria Scally
Type of inspection	Unannounced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 April 2016 12:30	04 April 2016 18:30
05 April 2016 08:45	05 April 2016 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Carechoice Ballynoe is a two storey premises situated in a rural location approximately four kilometres from the suburbs of Cork City. The centre is registered to accommodate 51 residents in 39 single and six twin bedrooms. There were 49 residents living in the centre on the days of inspection. Residents bedrooms are located on both the ground and first floor, which can be accessed by stairs and elevator.

During the course of the inspection, the inspectors met with the provider, person in charge and members of staff, and all demonstrated a good knowledge of relevant regulations and standards. Residents and relatives spoken with by inspectors were complimentary about the care they received. Overall inspectors found that care was provided to a good standard. Residents had access to the services of a general practitioner and allied health services and there was evidence of regular review.

Overall the premises was bright, spacious and clean throughout. There was adequate communal space, secure outdoor space and adequate sanitary facilities. However, some improvements were required. For example, there was inadequate storage space resulting in linen skips and commode chairs being stored in shower rooms, which does not comply with good infection prevention and control practice. Additionally, the centre lacked visual cues and there was minimal use of contrasting colours to support residents navigate to the various areas within the centre

There was evidence of on-going review of the quality and safety of care and evidence of action where required improvements were identified. While an annual review of quality and safety was in draft format, inspectors were not satisfied that it was a sufficiently comprehensive review of the quality and safety of care to ensure that such care was in accordance with relevant standards set by HIQA. Additionally, during the inspection, inspectors were informed that there had been a change to the directorship of the organisation and to the persons nominated to represent the registered provider. However, HIQA had not been notified as required.

Additional required improvements included:

- the sluice room on the first floor did not have adequate hand washing facilities and did not contain a bedpan washer
- not all staff had up-to-date training in safeguarding.

The action plan at the end of this report identifies where improvements are needed 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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure. The person in charge was supported in her role by an assistant director of nursing (ADON) and three clinical nurse managers. The person in charge reported to a clinical director who was also responsible for a number of other centres. The clinical director reported to the chief executive officer (CEO).

During the inspection, inspectors were informed that there had been a change to the directorship of the organisation and to the persons nominated to represent the registered provider. However, HIQA had not been notified as required.

There were monthly management meetings held in the centre that were attended by the person in charge, the CEO, the clinical director, chief financial officer, facilities manager and human resources manager. Minutes of these meetings were available for review and indicated that issues discussed included staffing levels, staff training and staff induction.

The person in charge met formally with nursing staff every two months and informally on a daily basis. For operational purposes staff were divided into two teams and one team was responsible for residents that whose sleeping accommodation was upstairs and the other team was responsible for residents whose sleeping accommodation was downstairs. Each team was led by a clinical nurse manager and team meetings were held every month.

There was a programme of audits that included audits of falls, medication management, accidents/incidents, psychotropic medications, and the environment. There was evidence of action in response to issues identified such as a multidisciplinary review of medications following the psychotropic drug audit and new signage had been ordered following the environmental audit. There was a relative satisfaction survey that was

predominantly positive, even though only a small number of relatives completed the questionnaire.

There was an annual review of the quality and safety of care that was in draft on the days of inspection. It addressed issues such as recent improvements to the premises, evaluation of falls, results of relatives questionnaires and the residents' dining experience and was presented in format that was accessible to both residents and relatives. It was, however, not a sufficiently comprehensive review of the quality and safety of care to ensure that such care was in accordance with relevant standards set by HIQA.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors were satisfied the centre was managed full-time by a registered and experienced nurse in the area of nursing of older people. The post of person in charge was held by the director of nursing. Inspectors met the person in charge during the inspection. The person in charge demonstrated a good knowledge of the Regulations, the Authority's Standards and statutory responsibilities. Staff members confirmed that they regularly met with her, and she had regular staff meetings held, minutes of which were read by inspectors.

Inspectors spent time with the person in charge and found she was familiar with the residents and their health and social care needs, and observed her interacting positively with them during the inspection.

The persons in charge was supported and deputised by an assistant director of nursing (ADON) who had commenced long-term leave shortly prior to this inspection.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place

and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had measures in place to safeguard residents and protect them from abuse. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which had been reviewed on 1 October 2015. Inspectors spoke with a number of staff who confirmed they had received training in adult protection and were able to answer questions satisfactorily about what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The centre's training matrix indicated that three staff had not received refresher training in the protection of vulnerable adults, however, this training was scheduled to take place in the days following this inspection.

Residents indicated that they could speak to a number of staff if they had any concerns and confirmed that they felt they were well looked after at the centre and felt safe.

There were systems in place to safeguard residents' money. There was a policy on the security of residents' accounts and personal property dated 1 October 2013. There was clear documentary evidence of financial transactions that was easily retrievable and a random sample of residents' finances were found to be in order. The system of managing residents' valuables was also audited biannually.

A policy and procedure was in place in relation to managing behaviour that might challenge dated 12 August 2013. Staff spoken with demonstrated the appropriate skills and knowledge to address responsive behaviour. The restraint policy dated 12 August 2013 promoted a restraint free environment and where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken and care plans were documented accordingly.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

The centre had policies and procedures in place relating to health and safety. These were in date and found to be comprehensive. A health and safety statement was also in place. A risk management policy was in place and inspectors found that it covered the identification and management of risks, the measures in place to control the risks and arrangements for identification, recording, investigation learning from serious incidents. However, inspectors found that not all risks were identified and assessed in the risk register, such as the risk posed by the stairway on the first floor on the centre.

There were arrangements in place for responding to emergencies and inspectors saw that there were suitable arrangements in place if there was a need to evacuate residents.

There were arrangements in place for maintaining a safe environment and a visitors book was in place for visitors to sign in and out and all visitors had to buzz for entry. A reception desk was in the main foyer where staff working at reception had full view of visitors coming and going in the centre.

There were grab rails in place in toilet/bathroom areas. Floor coverings were found to be well maintained. Access to high risk areas such as the sluice room and treatment room was restricted. Housekeeping staff spoken with by inspectors clearly demonstrated knowledge of infection prevention and control practices. There were hand sanitising units throughout the centre and wash hand basins were readily accessible. All staff had been trained in safe moving and handling practices.

There was suitable fire equipment provided in the centre. Records were available to inspectors that showed the fire alarm was serviced on a quarterly basis and also checked weekly to ensure it is in working order. Fire safety equipment had been serviced as per the Regulations. The centre's training matrix indicated that not all staff had received mandatory annual fire training from a suitably qualified trainer, however, training had been provided by fire marshals to enable staff to respond appropriately until the next annual training date. All staff spoken to were found to be aware of what to do in the event of a fire. The fire register was maintained and showed daily checks of the fire escape routes and alarm panel. Fire drills were completed at least biannually and there was documentary evidence of more frequent fire drills.

Emergency lighting was serviced quarterly and there were records of this. Inspectors saw that procedures to be followed in an emergency were displayed in prominent locations throughout the building. A designated smoking area outside was provided for residents and this was equipped with fire fighting equipment nearby and a suitable ashtray.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

There were up-to-date policies and procedures in relation to medication management. Inspectors observed administration practice and were satisfied that it was in compliance with relevant professional guidance.

There were adequate procedures in place for the management of controlled drugs and records viewed by inspectors indicated they were counted by two nurses at change of shift and when they were being administered. There were adequate procedures in place for the return of unused/out-of-date drugs to the pharmacy. Medicines requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded. There was a log maintained of medications stored for emergency purposes that included a record of when the drugs expired.

There were regular audits of medication management practice and issues identified for improvement were addressed. The pharmacist was available to residents to discuss any concerns and to answer questions. Residents medications were reviewed regularly by their general practitioner (GP) and there was evidence of MDT review in conjunction with the pharmacist.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to HIQA.

During the inspection, inspectors were informed that there had been a change to the directorship of the organisation and to the persons nominated to represent the registered provider. However, HIQA had not been notified as required. This action is addressed under Outcome 2.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was evidence of timely access to health care services facilitated for all residents. General Practitioners (GP) visited the centre to review residents regularly. A physiotherapist visited the centre twice weekly and was available more frequently, if required. Inspectors also saw that residents had access to chiropody and dietetic services and the person in charge confirmed that dental and speech & language services could also be accessed.

Inspectors reviewed care plans for residents and these were seen to be person centred and reviewed at least four-monthly. Care plans were maintained on an electronic system and there were facilities in the centre for nursing staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed, such as moving and handling and nutritional risk assessments. Inspectors reviewed a selection of care plans for some residents with a dementia and found them to be person centred and comprehensive. Residents and/or their relatives were involved in the development and review of the care plans.

A policy was in place for the management of behaviour that challenges and the use of restraint both effective from 12 August 2013. There was a focus on using alternatives to restraint such as low low beds and sensor mats linked to the call system. Following assessment, where restraint was deemed necessary by nursing staff, consent was

obtained from the resident where possible and if the resident was unable to provide consent, the decision would be made by medical professionals and discussed with relatives.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:

Carechoice Ballynoe is a two storey premises situated in a rural location approximately four kilometres from the suburbs of Cork City. The centre is registered to accommodate 51 residents in 39 single and six twin bedrooms. All except five of the bedrooms are en suite with toilet and wash hand basin and the remaining bedrooms have a wash hand basin in the room.

Residents bedrooms are located on both the ground and first floor, which can be accessed by stairs and elevator. Communal space is situated on the ground floor and comprises a large sitting room and two smaller sitting rooms. Residents have ready access to secure outdoor space.

On the days of the inspection the centre was bright, spacious and clean throughout. In general the centre was decorated to a good standard, particularly the two smaller sitting rooms and the dining room. The larger sitting room, however, was in need of redecoration. Additionally, the centre lacked visual cues and there was minimal use of contrasting colours to support residents navigate to the various areas within the centre. Inspectors were informed that plans were in progress to address these issues but were not yet completed. Bedrooms were adequate in size and many were personalised with residents' personal possessions and furniture. While there was a call bell in each of the sitting rooms, the call bell in one of the sitting rooms was not always accessible to residents that spend time there.

There were adequate sanitary facilities such as toilets and showers on both floors. Storage space, however, was at a premium resulting in the storage of equipment such as linen skips and commode chairs in shower rooms, when not in use. While there was a

sluice room on both floors, some improvements were required in the sluice room on the first floor. For example, there was no bedpan washer on this floor, which would make it difficult to prevent cross contamination in the event of an outbreak of infectious disease. Additionally, the wash hand basin in this sluice room was very small and it would be difficult for staff to effectively wash their hands.

Appropriate assistive equipment such as, hoists, pressure relieving mattresses, appropriate beds, wheelchairs and walking appliances were available to meet the residents' needs. Equipment was well maintained and service contracts were viewed by the inspector and found to be up to date.

Judgment:
Non Compliant - Moderate

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

Theme:
Person-centred care and support

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

Findings:

The centre had an up-to-date policy and procedure on the management of complaints which complied with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Inspectors found that a robust process had been developed for responding to complaints. The procedure for making complaints was on display in a prominent place at the reception area and there were also leaflets available at reception for residents and relatives which explained the complaints process. Residents told inspectors that they could speak with the person in charge or a staff member if they had any complaints and felt that they would be listened to.

There was a nominated person to deal with complaints and an independent appeals process was also available if residents, relatives or staff were not happy with the response to a complaint.

Inspectors reviewed the complaints log detailing investigations, responses and outcome of any complaint and found it to be satisfactory. The directors of the service were nominated to ensure that all complaints were responded to and recorded.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The centre was suitably resourced with adequate daily entertainment and leisure facilities such TV, radio and newspapers. There were three activities co-ordinators available in the centre dedicated to undertaking activities with the residents six days per week. They initiated and supervised a range of activities and outings which the inspectors saw ongoing during the inspection. One to one activities were also available for residents who did not wish to participate in groups. The inspectors saw residents participating in and enjoying the various activities and residents told inspectors how important and beneficial they were to them.

There was a good level of visitor activity throughout the days of inspection with visitors saying they felt welcome to visit. Inspectors met and spoke with a number of visitors who indicated that they had open access to visit their relative. Accommodation was available to receive visitors both communally and in private in one of the smaller sitting rooms.

Residents who spoke to the inspector said that staff addressed them respectfully and that screening curtains were used in shared rooms when personal care was being delivered.

Inspectors saw evidence that residents were consulted about how the centre was planned and run. There was a residents committee which met every two months. The minutes were available from the last meeting which was attended by 9 residents. Activities coordinators confirmed that feedback would also be sought from residents on an individual basis and these issues would be brought up at the residents' meeting. Issues discussed included mealtimes, the activity room and housekeeping issues. There was a resident survey of the dining experience completed in 2015, which highlighted residents' satisfaction with the service and areas for improvement. There was also a newsletter circulated to residents every two months which one of the residents was involved in editing. This included items of interest to residents including reviews of social outings and resident's birthdays as well as other information such as the phone number for advocacy services should residents wish to avail of this.

Residents were facilitated to exercise their political and religious rights. The person in

charge confirmed that residents could vote in the centre and a mobile polling station had been set up for the recent general election. A Catholic Priest comes to the centre on a monthly basis to say mass and a Minister of the Eucharist visits every week.

Residents have access to a portable telephone in the centre should they wish to make calls in private.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Based on a review of the roster and observations of the inspectors over the course of the inspection there were adequate numbers of staff and skill mix to meet the needs of residents. However, inspectors were informed by one resident and relative that at certain times, particularly in the evening there could be a delay in staff responding to call bells. The provider and person in charge were requested to review call bell response times.

There was an ongoing programme of training to support staff provide contemporary evidence-based care. Based on records seen by the inspector all staff had received up-to-date training on manual and patient handling and the prevention and detection of abuse. A number of staff did not have up-to-date training in fire safety and this action is addressed under Outcome 8. Other training completed by members of staff included infection prevention and control, responsive behaviour and cardiopulmonary resuscitation training.

Evidence of current registration was available for nursing staff. A review of personnel records indicated that most of the requirements of Schedule 2 were met, however, a full employment history was not available for one member of staff. This was corrected prior to the completion of the inspection.

Judgment:
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:

John Greaney
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:	Carechoice Ballynoe
Centre ID:	OSV-0000210
Date of inspection:	04/04/2016
Date of response:	08/06/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was an annual review of the quality and safety of care that was in draft on the days of inspection. It addressed issues such as recent improvements to the premises, evaluation of falls, results of relatives questionnaires and the residents dining experience and was presented in format that was accessible to both residents and relatives. It was, however, not a sufficiently comprehensive review of the quality and safety of care to ensure that such care was in accordance with relevant standards set

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

by HIQA.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Draft presented to inspector on day of inspection. Completed report forwarded 7th April 2016. (Completed)

Proposed Timescale: 07/04/2016

Theme:

Governance, Leadership and Management

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

During the inspection, inspectors were informed that there had been a change to the directorship of the organisation and to the persons nominated to represent the registered provider. However, HIQA had not been notified as required.

2. Action Required:

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

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

Necessary documentation was submitted to HIQA on the 8th April and the HIQA records have been amended accordingly. (Completed)

Proposed Timescale: 08/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The centre's training matrix indicated that three staff had not received refresher training in the protection of vulnerable adults, however, this training was scheduled to take place in the days following this inspection.

3. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection

and prevention of and responses to abuse.

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

The three staff completed their training in the detection and prevention of and responses to abuse which had been scheduled for the day following the inspection.
(Completed)

Proposed Timescale: 06/04/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Not all risks were identified and assessed in the risk register such as the risk posed by the stairway on the first floor on the centre.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

One risk was identified on day of inspection and was immediately assessed and entered in the risk register. (Completed)

Proposed Timescale: 06/04/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Some improvements were required in relation to the premises, for example:

- the larger sitting room was in need of redecoration
- the centre lacked visual cues and there was minimal use of contrasting colours to support residents navigate to the various areas within the centre
- while there was a call bell in each of the sitting rooms, the call bell in one of the sitting rooms was not always accessible to residents that spend time there
- storage space was at a premium resulting in the storage on equipment such as linen skips and commode chairs in shower rooms, when not in use
- there was no bedpan washer in the sluice room on the first floor which would make in difficult to prevent cross contamination in the event of an outbreak of infectious disease

- the wash hand basin in the sluice room on the first floor was very small and it would be difficult for staff to wash hands.

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:

- a) At time of inspection an Interior Designer had already been commissioned and had submitted Mood boards, plans, quotes, sample fabrics etc.
- b) Visual cues/dementia friendly signage was already on order on day of inspection, now insitu.
- c) Hand bells were on order on day of inspection and now insitu.
- d) New bed pan washer to be commissioned.
- e) Sluice to be reconfigured with upgraded hand washing facility.

- a) 30th July 2016
- b) Completed
- c) Completed
- d) 30th July 2016
- e) 30th July 2016

Proposed Timescale: 30/07/2016