

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Caiseal Geal Teach Altranais
Centre ID:	OSV-0005491
Centre address:	Castlegar, Galway.
Telephone number:	091 757 609
Email address:	
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Caiseal Gael Teoranta
Provider Nominee:	Richard Keane
Lead inspector:	Mary McCann
Support inspector(s):	Damien Woods
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	42

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 August 2016 13:00 To: 08 August 2016 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the 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	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (HIQA) to register Caiseal Geal Teach Altranais as a designated centre. This is a new development by the provider of Lough Corrib Nursing Home and the former Castlegal Nursing Home. It is a purpose built residential centre with 42 beds. The provider has applied to register the centre and initially move residents who are currently residing in Lough Corrib Nursing Home

which is pending closure.

Inspectors met with two directors of the provider company one of whom is the nominated person to represent the provider company, the proposed person in charge and proposed person participating in the management of the centre (known as the clinical nurse manager) and undertook an inspection of the premises.

On the 5 October 2016 a meeting was held with the three directors of the provider company and interviews were held with the proposed person in charge and proposed person in charge participating in the management of the service on the 11 October 2016. Post the meeting on the 5 October the provider has submitted documentation regarding the proposed governance and management of the centre , to include staff training records, staff rosters,a proposed schedule of admissions, an outline of the management structure and various other documentation regarding the opening and management of the centre.

All Documentation submitted was reviewed. The provider nominee had documented work done to date to ensure residents of Lough Corrib Nursing Home have been consulted regarding moving to the new centre. The clinical nurse manager, who currently works with these residents was knowledgeable regarding residents' healthcare and communication needs, preferences and lifestyles.

The proposed person in charge and her proposed deputy were knowledgeable with regard to the care to be provided to residents to meet their needs. Both have worked in elderly care services for many years. They detailed the clinical governance system which they would be adapting in the centre and described proposed support structures for staff which included staff training, supervision, an induction period, on call support and regular meetings. Medication management has been discussed and agreed with the pharmacy and general practitioner services.

At the feedback meeting at the end of the inspection, the findings were discussed with the provider representative, the proposed person in charge and her deputy, the clinical nurse manager. Matters requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order to comply 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.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

A draft written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents was available. It contained all of the information in relation to the matters listed in schedule 1 of the Regulations. However, it states that a day care service will be provided and this does not form part of the application the register as submitted to HIQA. Additionally the statement of purpose is in draft format and requires review to ensure that the staffing complement reflects the recent staffing levels submitted to HIQA.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The management team described the management structure that identified the lines of authority and accountability. The three directors of the provider company attended a

meeting on the 5 October 2016 to discuss the governance and management of the proposed centre. Documentation requested to assure HIQA that management structures are robust and are sustainable to ensure care and welfare of residents is protected. The provider assured HIQA that arrangements for planned or unexpected absence of the person in charge were in place ensuring that where an absence occurs procedures will withstand unplanned events

The directors of the provider company displayed some understanding of the regulations and standards however during the course of their interview on the 5 October 2016 they did not evidence understanding of the principles of safeguarding. Rather what was described was a robust complaints management and investigation process. The provider stated they would attend safeguarding training and two have confirmed that they have attended training and the other director has booked training for early November 2016.

The proposed person in charge is an experienced nurse with over 30 years experience in elderly care. The proposed duty roster supported that the person in charge or her deputy would be working in the centre full-time and one of them would be on duty at all times during the day. The deputy person in charge at interview on the 11 October 2016 informed the inspectors that a further full time clinical nurse manager has been appointed to strengthen the management structure and to ensure that when the person in charge or her deputy are not available that a clinical nurse manager will be available.

Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

As this is the first registration of this centre, an annual review of the quality and safety of care delivered to residents in the designated centre was not available. The provider and person in charge were aware of the requirement to complete this. The provider, person in charge and clinical nurse manager were informed that a schedule of admissions together with a corresponding staff rota would be required to be submitted as residents are admitted. This has been received by HIQA.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

A resident's guide which details a summary of the service provided was available.

A template of the proposed residents' contract of care was available and a copy has been forwarded to HIQA. This details the services which are included under the contract and services which were to be subject to an additional fee payable by the resident.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

A full-time person in charge has been appointed to this designated centre. She has worked as a person in charge at other registered designated centres and was familiar with the inspection process. The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

She qualified as registered general nurse in 1976, and completed a diploma in gerontology in 1995. She has also completed a manual handling instructor's course and a train the trainer course.

On the proposed roster she is rostered to full-time and confirmed to the inspectors in her telephone interview that she was contacted to work full-time in the centre. She informed the inspectors she will be on call out-of-hours and at weekends. She stated she was committed to providing a high quality service to residents. She has maintained her professional development and had attended courses and study days in dementia care, restraint management, nutritional care and end of life care.

Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

Documentation received prior to the on-site inspection in relation to the registration of the centre was reviewed

Insurance cover to ensure that there is adequate insurance against accidents or injury to residents, staff and visitors is in place.

The designated centre had policies/procedures on matters identified in schedule 5 of the Health Act 2007, however these required review to ensure they were centre specific to Caiseal Geal Teach Altranais.

The provider and person in charge were aware of their responsibility to maintain a directory of residents was maintained once admissions commenced.

Floor plans have been received.

No staff files were available however no new staff will be employed on the opening of this centre. It is planned that all of the current staff at Lough Corrib nursing home will transfer with most of the current residents to this centre.

As this is a new build other records such as schedule 3 – records to be kept in a designated centre in respect of each resident and schedule 4 – other records were not available.

Allocated space to ensure that records would be maintained securely was allocated in the premises.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Appropriate arrangements have been made for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager has been appointed. She is contacted to work full-time and informed the inspectors in interview on the 11 October 2016 that she would be deputising for the person in charge.

The deputising person in charge informed the inspectors that a further full-time clinical nurse manager has been recruited to deputise in her absence and to strengthen governance and management in the centre. The deputising person in charge identified has appropriate qualifications and experience to fulfil this post and her registration with was up to date. he professional body.

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):
This was the centre's first inspection by the Authority.

Findings:
The centre have a policy on safeguarding, however as documented under Outcome 5 this requires review to ensure it is centre specific to Caiseal Geal Teach Altranais.

The inspectors were informed that all staff have participated in relevant training in the protection of residents from abuse. 22 staff who are contacted to work at Caiseal Geal teach Altranais have completed updated safeguarding training on the 7/8 October 2016. One of the directors of the provider company is scheduled to complete safeguarding training during the second week of November 2016. The provider has confirmed that all staff have Garda vetting.

As this is a new build arrangements in place with regard to residents' finances were not reviewed on this inspection.

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):
This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the health and safety of residents, visitors and staff should be promoted and protected by the design and layout of the new build. However, the current policies and procedures with regard to risk management require to be reviewed and enacted to ensure they address any risks that are evident in the centre and any controls that are required to be put in place to mitigate these risks.

The provider has contracted a specialist contractor to complete an environmental risk assessment to identify any risks identified and document any controls that are required to be put in place to mitigate these risks. The provider has confirmed that a copy of this report will be forwarded to HIQA and that any controls recommended will be enacted. This has been received by the HIQA and the provider has confirmed that any deficits identified have been remedied.

There were restrictors on the opening out of windows to ensure residents safety and security.

Fire equipment was easily accessible and prominently placed throughout the designated centre. A fire panel, smoke detector and fire extinguishers were in place. The inspectors observed that fire exit doors had fire evacuation signage.

Hand washing sinks were freely available.

A centre-specific emergency plan that takes into consideration a variety of emergency situations requires to be developed.

The provider stated that all staff would have completed fire safety and evacuation training specific to the centre prior to any resident being admitted. Inspectors noted that two sessions of fire training was scheduled for the 9 August 2016. The provider has confirmed that all staff have undertaken fire safety training and familiarisation of fire safety at this centre.

A smoking room was available with adequate ventilation.

Sluice, cleaning rooms and a laundry facility were also available.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents, however this was not centre specific. (An action with regard to amendment of policies is included under Outcome 5).

Inspectors saw that a medication room was available with a key pad lock to ensure medicines will be secured safely.

The General Practitioner (GP) for residents who are currently living at Lough Corrib Nursing home has agreed to remain their GP on moving into Caiseal Geal Nursing Home.

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

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: As this centre is not registered to date there is no responsibility by the person in charge or provider to submit notification of any incidents. The provider and person in charge were aware of the legislative requirement to submit relevant notifications to the Chief Inspector.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 11: Health and Social Care Needs</i> <i>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.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Residents will be able to avail of local general practitioner services of their choice.</p> <p>The pharmacist who supplies and supports Lough Corrib Nursing home has agreed to continue this service to Caiseal Geal Teach Altranais.</p> <p>The provider and person in charge stated they would adapt the same systems and processes that they have established in other centres they have worked in, in respect of assessing individual residents regarding their accommodation and support needs in anticipation of moving into the centre.</p> <p>A transitional plan had been drawn up for each individual resident who was moving from Lough Corrib Nursing Home which detailed whether the resident had consented to transferring to the centre, the view of the residents significant other, transport requirements, who the resident will be accompanied by for the transfer for example whether they require a nurse or a care assistant and the method of transport required. This also details what aids are required to be put in place before the resident can be admitted for example assistive devices necessary.</p>

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors. There was evidence of good communication with relatives and or significant others. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry will remain as was at Lough Corrib Nursing Home. available.

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):

This was the centre's first inspection by the Authority.

Findings:

The environment were pleasant and homely. It was noted to be clean bright and fresh.

The centre is located approximately four miles from Galway city in the Castlegar gaeltacht area. The nursing home is connected on three levels and a lift is available between all floors. The lower level consists of a kitchen, stores area, medication storage room, laundry, office space, equipment storage room and staff rest room. The second level is the ground floor and consists of 19 single bedrooms and two twin bedrooms, a dayroom, dining room, external sun terrace, meeting rooms/offices, assisted toilets, bathroom, smoking room, nursing station and visitor's toilet. The third level consists of 15 single bedrooms, two twin bedrooms, dayroom, dining room, therapy room, bathroom and assisted toilets visitors toilet. All 38 bedrooms are en-suite toilet and shower rooms. The building is wheelchair accessible. Screening was available in the twin rooms to protect the privacy and dignity of residents sharing. Car parking is available to the front and side of the building. The centre is suitable for its stated purpose.

Externally, the grounds were landscaped and plants and shrubs were being planted on the day of inspection.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The complaints policy and procedure requires review to ensure it is centre specific, The procedure needs to be displayed. The provider and person in charge were aware of the legislation with regard to complaints management.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

Some single rooms were larger than others and it was planned that some of these would have a small sitting cum dining area. These facilities would be prioritised for end of life care facilities. Relatives/significant others would be able to stay with their loved ones in these rooms.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Catering and dining room staff that are employed at Lough Corrib nursing home will be transferring with residents to this centre. Dining facilities are available on both floors and a kitchenette is also available on both floors. It is planned that kitchenettes will have snacks available for residents out of hours. The main kitchen is situated on the lower floor. Access to dietician and speech and language therapy services will be available.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 16: Residents' Rights, Dignity and Consultation</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was evidence that residents were consulted with and participated in decisions about relocating to the centre.</p> <p>Each resident had a transitional plan which highlighted the preparatory work completed to date. The provider and person in charge explained to the inspectors that residents' meetings had been with residents and relatives. The clinical nurse manager who currently works in Lough Corrib Nursing home stated that all residents and relatives had been involved in the transitional planning process and that all residents and relatives had been given an opportunity to visit the centre. A visitor's room is available on each floor.</p>
<p>Judgment: Compliant</p>

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy on the management of residents clothing and possessions, this required review to ensure it was centre specific. Each resident will had access to a secure area where they could store personal valuables. A laundry was available on site and a plan is in place that all residents who wish to avail of this service will be able to do so once accomodated.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors examined copies of planned rosters for the centre and found that staffing levels would be adequate to meet the needs of residents. The provider has provided proposed rosters indicating an increase in staff as residents numbers increase. The proposal is that one floor will initially open. Once this floor is fully occupied and the second floor opens a nurse will be available at all times on each floor. Inspectors found that the clinical nurse manager who was currently working with the 15 residents who are due to transfer from Lough Corrib Nursing Home had a comprehensive knowledge of

these residents needs, their likes and dislikes.

An operational plan detailing the transfer of residents, with a schedule of admissions detailing four admissions on the first two days of opening, no admissions on the third day to give residents a chance to settle in and acquaint themselves with their surroundings and staff to have time to ensure residents had settled in well. Four further residents were planned to be admitted on the fourth day and three on the fifth day. No other residents will be admitted for one week and post this two new residents per week to be admitted.

The provider and person in charge stated that all staff who would be working in this centre initially would be transferring from Lough Corrib Nursing Home. The provider confirmed that they all had appropriate mandatory training. The person in charge had completed a train the trainer course and is a trainer in safe moving and handling. The provider confirmed that further staff nurses had been recruited and as the number of residents increased staffing would be increased accordingly. Interviews were being planned for additional care and ancillary staff.

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:

Mary McCann
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:	Caiseal Geal Teach Altranais
Centre ID:	OSV-0005491
Date of inspection:	08/08/2016
Date of response:	04/11/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose is in draft format and requires review to ensure that the staffing complement reflects the recent staffing levels submitted to HIQA.

The statement of purpose states that a day care service will be provided and this does not form part of the application the register as submitted to HIQA.

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

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose has been reviewed to ensure that, the staffing compliment reflects the recent staffing levels submitted to HIQA and references to the provision of Day Care services have been removed.

Proposed Timescale: 26/10/2016

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:

As this is the first registration of this centre, an annual review of the quality and safety of care delivered to residents in the designated centre was not available. The provider and person in charge were aware of the requirement to complete this.

2. 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:

Annual review of the quality and safety of care delivered to residents in the designated Centre ID OSV-0005491 will be completed to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act. This will be by way of ongoing reports, records, meeting minutes and audits according to HIQA template and in consultation with Residents and their families. The Annual Review will be prepared for period to 31/12/2017 and will be completed by 31st May 2018.

Proposed Timescale: 31/05/2018

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

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

The designated centre had policies/procedures on matters identified in schedule 5 of

the Health Act 2007, however these required review to ensure they were centre specific to Caiseal Geal Teach Altranais.

3. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The designated centre's policies/procedures on matters identified in schedule 5 of the Health Act 2007, have been reviewed and are now centre specific to Caiseal Geal Teach Altranais.

Proposed Timescale: 01/11/2016

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:

One of the directors of the provider company has not completed safeguarding training.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Director of the Designated Centre is awaiting confirmation of a date next week when he will be attending Safeguarding Vulnerable Adults training with an external training consultant who previously facilitated recent Safeguarding Vulnerable Adults training to the majority of our staff.

Proposed Timescale: 11/11/2016

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:

An environmental risk assessment had not been completed of the premises, detailing any risks identified and controls in place to mitigate these risks.

5. 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:

Risk Management Report has been submitted to HIQA following previous Action Plan.

Proposed Timescale: 30/09/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints procedure is required to be displayed in a prominent position in the designated centre.

6. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Complaints Procedure already in place as advised by HIQA.

Proposed Timescale: 30/09/2016