<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Lisheen Nursing Home</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000059</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Stoneylane, Rathcoole, Co. Dublin.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 257 4500</td>
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<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@lisheennursinghome.com">info@lisheennursinghome.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Lisheen Nursing Centre Unlimited Company</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Geraldine Joy</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>111</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>06 June 2017 09:15</td>
<td>06 June 2017 18:00</td>
</tr>
<tr>
<td>07 June 2017 09:15</td>
<td>07 June 2017 13:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Compliant</td>
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<tr>
<td>Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and</td>
<td>Compliant</td>
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<tr>
<td>Consultation</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority [HIQA]. The inspection was carried out in response to the provider’s application to renew the certificate of registration.

The inspector was satisfied that the residents received a good quality service and high levels of compliance were identified with the regulations inspected from the Health Act 2007 [Care and Welfare for Residents in Designated Centres for Older People] Regulations 2013 [as amended].

During the inspection inspectors met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Inspectors found that residents received a personal approach from a staff team that respected their privacy and dignity. Staff received training and supervision to ensure
they were able to effectively meet residents needs. The provider promoted a social care model that focused in the individual residents in the centre, and this was seen to be effective in supporting residents to remain as independent as possible with appropriate support. There was an extensive program to ensure residents had adequate opportunity for occupation and recreation which was seen to be focused on the needs of residents in the individual units.

There was evidence of good access to allied health professionals, and clear documentation in relation to the health and social care needs of the resident.

The governance and management arrangements were effective and ensured the centre provided a safe and effective service.

One area for improvement was noted in relation to notifications. This is discussed further in the report and is included in the action plan at the end.
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 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):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose for the designated centre was last updated in April of 2017. Inspectors found the document outlined the facilities and services provided for residents in the centre in a clear and concise manner. The statement of purpose contained all information required under Schedule 1 of the regulations.

**Judgment:**
Compliant

**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:**
The quality of the care and experience of the residents was monitored and developed on an ongoing basis. There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.
The service provided in the centre was seen to be in line with the statement of purpose. The premises and gardens were well maintained and were fit for purpose to meet the needs of the residents. The design of the centre provided a homely environment that promoted residents dignity, wellbeing and independence. Staffing and the provision of meaningful occupation to support residents with all needs, including dementia, were seen to be a priority for the provider and positive outcomes were seen for residents.

There was a clearly defined management structure in place. Reporting arrangements were clear to all those working in the centre. The person in charge was well supported by a team of clinical nurse managers who provided day to day supervision of the service being provided in the centre.

There were a range of systems in place to monitor practice in the centre and ensure that safe and effective care was provided. These included carrying out regular audits, regular meetings with the different staff teams, quality meetings and seeking feedback from residents and relatives. All audits reviewed included action plans with completion dates and responsible persons. There was also a range of direct observations completed in the centre including one of the dining experience, therapeutic garden experience, and a focused quality environment observation. The inspectors found clear evidence of changes having been made in response to audits and feedback. For example a change of equipment had been made to ensure effective infection control arrangements.

The provider also kept up to date with research and best practice guidelines in relation to people living in residential centres and dementia care. A range of initiatives had been trialled to see if they improved the experience for residents.

An annual report had been produced that included the feedback from people using the service. It set out the centre’s performance for the previous year and plan for the following year.

**Judgment:**
Compliant

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**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:**
The post of person in charge was full time and shared between two people. They were both registered nurses with the required experience in the area of nursing older people
and worked full-time in the centre. They had both maintained their continuous professional development and focused on providing person centred care following a social care model.

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<tr>
<td>Compliant</td>
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**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.

<table>
<thead>
<tr>
<th>Theme:</th>
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<tr>
<td>Safe care and support</td>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a clear policy and procedure in place for the prevention, detection and response to abuse. It described the different types of abuse, and set out the procedure for reporting any allegations or suspicions of abuse. The policy covered the process the named person was required to follow to investigate alleged abuse. The senior management team was clear on the process to follow. However, the inspector reviewed an event that had been dealt with using the incident reporting route. The resident was appropriately safeguarded but to be in line with the safeguarding policy this should have been dealt with using that procedure and reported to HIQA. The action for this is made under outcome 10.

The inspector found that staff had good knowledge of adult protection and the prevention of abuse. All staff received training on protecting vulnerable people from abuse during their induction. The majority of staff had also received updated training about the HSE policy ‘safeguarding vulnerable persons at risk of abuse, national policy and procedures’.

The inspector was told by residents and relatives that they felt very safe in the centre, supported by kind and caring staff.

There was a policy on the management of responsive behaviour. The inspector reviewed care plans and found where residents had responsive behaviours this was clearly recorded including information about the resident, things that may trigger them to become upset, and actions that can be taken to support them to remain calm. Staff were found to be very knowledgeable of the residents and how to support them to ensure they remained comfortable and remained engaged in the day to day routines in the centre. This was seen to be resulting in positive outcomes for residents.
Restraint management policy and procedures were in line with national policy guidelines in place. A number of residents were using bedrails by choice, and others had been assessed and the rails seen as the most effective way of supporting the resident to remain safe. It was evident from records that the use of the bedrails was being reviewed regularly, alternatives were being trialled and in some cases were effective, and there was a commitment to continue the approach to reduce the use of restraints in the centre as per the national policy. Staff were very clear what the care plans said and were observed putting the instructions in to practice. Staff were seen checking residents in bed, and records showed there was a process for regular checks to ensure residents remained comfortable through the night.

The inspector found there were procedures in place to safeguard resident’s finances. There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. They signed alongside staff member when they received money. A record of the handling of money was maintained for each transaction. Where the provider was pension agent there was a clear system and financial statements were issued monthly or on request.

Judgment:
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):
No actions were required from the previous inspection.

#### Findings:
Inspectors found the health and safety of residents, staff and visitors was actively promoted and protected.

There were policies and procedures in place relating to health and safety. This included an up to date safety statement, risk management policy, and an emergency plan for the response to major incidents.

There was a clear infection control policy, staff had been trained and the inspector observed staff following infection control procedures, and personal protective clothing and hand sanitizers were available through the centre if required, along with facilities for hand washing.

The inspectors reviewed the procedure and records for managing and responding to
accidents and incidents. This included identifying any trends, risk assessments and ensuring plans were in place to safeguard residents.

The centre had recently been reviewed by the Fire Authority and were found to be meeting the required regulations. There was a fire safety policy in place in the centre and all staff had received up to date training. Staff who spoke with the inspector were familiar with what to do in the case of a fire, and did regular drills to practice different scenario’s. Records of drills showed that they were taking place monthly. Daily, weekly and monthly checks of equipment and fire safety arrangements were being carried out. Records showed this also included a check of any fabrics and upholstery to ensure it remained in good condition.

Inspectors observed that the centre had a sufficient amount of fire equipment and fire exits were clearly marked and unobstructed. The service records for fire equipment confirmed that they were being serviced on an annual basis. The fire alarm and the emergency lighting had also been serviced on a quarterly basis. The centre was compartmentalised through the use of fire doors on magnetic self closing mechanisms. These fire doors would automatically close on the sounding of the fire alarm.

The inspector saw that the evacuation procedures were displayed in various prominent places around the centre.

The premises were well maintained, with clear system for identifying any improvements required. The layout was in small units that were homely in size and design. Each unit had a lounge area with a fireplace as a focal point, kitchenette and another quite area for sitting or meeting with relatives. Each area was decorated differently to support residents with orientation and independence.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
The medication policy gave clear guidance to nursing staff on areas such as safe administration, crushing, covert administration, withholding of medication, self administration, staff education and disposal of un-used and out of date medications.

The prescription and administration sheets clearly set out the medication name, dose,
The administration sheets reviewed were signed by the nurse following administration of medication to the resident and showed medications were given within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing. Resident's medication was reviewed every four months by their general practitioner. Examples were seen where changes had been made to ensure positive outcomes for the resident.

There was a register of controlled drugs and nurses checked the stock at the beginning and end of each shift. Storage was seen to be secure. The inspector checked a selection of the medication balances and found them to be correct. There was also a clear procedure for returning controlled medication to the pharmacy that included the person transporting any returns to say they had received them.

There was a system in place for reviewing medication errors to consider the cause and to put in place any changes necessary to stop it occurring again.

The inspector observed nursing staff administering medication and found that it was in line with current guidelines.

There was a process in place to enable residents to manage their own medication, including arrangements for safe storage. Residents were also able to make a choice about which pharmacist to use in order to dispense their medication.

**Judgment:**
Compliant

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**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:**
HIQA received notifications from the person in charge in line with the regulations. However during the inspection one incident was reviewed by the inspector and was identified as a matter that HIQA should have been notified about.

**Judgment:**
Substantially Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Each resident’s wellbeing and welfare was maintained by a high standard of care and support.

The inspector reviewed a selection of resident’s records. Pre-admission assessment was carried out before residents were offered a place in the centre. On admission a comprehensive assessment was carried out, and where residents had health or social care needs identified, care plans were developed. They were reviewed at least four monthly by the staff in the unit where the resident lived. Residents and families were involved in developing plans and the reviews if they chose to.

The care plans were person centred in their approach and provided clear information about the resident, their likes and dislikes and how best their needs could be met. The care plans also included clear instructions to guide staff in their practice. Inspectors observed staff providing care and support that was in line with the care plans. Staff knew residents well, and were able to engage with them in a way that was meaningful to them.

Where resident’s had healthcare needs it was clearly identified and plans were in place to ensure they were met. Records showed there were links with relevant medical professionals such as speech and language therapy (SALT), dietician, and physiotherapist. Where resident’s needs had changed contact was made quickly with a general practitioner (GP) or primary care services. Where recommendations were made for treatment records showed it was provided, for example in relation nutrition, residents were receiving the type of modified diet suggested by the SALT. A range of correspondence was stored in resident’s files that showed that residents were in contact with a range of hospitals and consultants for specific healthcare needs. Appointments for residents were listed in the diary for the unit and steps were taken to ensure residents were able to attend, for example contact relatives to offer support.

A range of evidence based nursing tools were being used to assess resident’s needs. For example to identify the risk of pressure areas, falls, and malnutrition. This supported the nursing staff to monitor healthcare conditions, and reduce the risk of others developing. The person in charge monitored a range of clinical needs on a monthly
basis, and records showed care provided was effective for residents and clinical needs were being well managed.

Where residents were temporarily absent from the centre, for example in hospital, records showed that relevant information was sent with them.

**Judgment:**
Compliant

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**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

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

**Findings:**
Residents were facilitated to communicate and exercise choice and control over their lives to maximise their independence.

There were regular resident’s meetings; the most recent was in April. Residents and relatives were invited to attend. The topics discussed included the menu, decor, and a review of recent social events. Evidence was seen that suggestions were acted on as the bedding and curtains had been renewed in a number of units following a request by residents. Coddle was also available on the menu after it was requested.

There was access to advocacy services for residents if they chose and contact details were on display throughout the centre.

There were a range of activities arranged in the centre. There was a dedicated activity co-ordinator in each of the seven units. In the morning they supported residents in undertaking different activities such as reading of newspapers, exercise and one to one support. In the afternoons a range of more group based activities were offered such as Bingo and musical afternoons. The inspector observed a range of activities through the inspection and was told by resident's they really enjoyed them. Activities seen were discussion group on old Dublin, art group, balance class, poker tournament, and reading groups. Much thought had been put in to ensuring all residents could enjoy and benefit from the range of activities provided. Many of the residents liked animals, and there was a focus on pet therapy in the centre with a resident dog, cat, budgies and other visiting animals such as a small pony. Residents expressed their delight to the inspector about
the animals in the centre.

As well as organised activities staff were seen engaging in general conversation with residents in each of the units doing things like watching television, listening to the radio or preferred music options. There was also a person employed three days a week who focused on holistic therapy. They supported residents on a one to one basis, and people were positive about the experience.

There were televisions, radios, CD players available throughout the centre, and newspapers and magazines were provided in each area and could be ordered individually.

Where residents wanted to practice their religion this was supported. Mass was read in the centre weekly and residents of other faiths had arrangement in place to suit them. Residents who wished to vote were registered and a polling officer visited the centre, or they could be supported to go out and vote.

Visitors were seen in the centre throughout the inspection, and those spoken with were positive about the care their relative received and the welcome they were given in the centre. Residents’ confirmed they could see their visitors when they liked and any restrictions were agreed with them.

31 questionnaires were returned to HIQA from residents and relatives. They were all positive about the care and support they received. A common theme was to describe the premises as 'spotless' and the staff as 'excellent'.

**Judgment:**
Compliant

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**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:**
There were sufficient staff, with the required skills and experience, to meet the needs of
the residents who were in the designated centre. A programme of training was available to staff to ensure they were able to meet the resident’s needs, and recruitment arrangements were in line with best practice.

The staffing levels took into consideration the layout of the centre. Each unit had allocated staff, to ensure consistency for residents. The team included a CNM, nurses, healthcare assistants, activity coordinators and household staff. There was also a CNS or available to provide advice or step in if support was needed. There was also a nurse educator who would provide support and education to the staff team. At night there was a CNM taking the lead, supported by a team of nurses and healthcare assistants.

The inspector observed staff working with residents and found they knew the residents well, and were honouring and respecting the decisions residents were making. Staff were observed listening and responding to residents requests, supporting them when they were anxious by talking about things that were important to them, or supporting them to engage in familiar routines. A number of staff had worked at the centre for a long time so provided consistency for residents and their families.

There were housekeeping, catering and administration staff in sufficient quantities to ensure the needs of residents were being met. There was also a part time member of staff who focused on holistic care, offering support to all residents but especially those at end of life.

A programme of staff training was provided and the system identified when staff required updates or refresher training in mandatory topics. Records showed that all staff had either completed fire safety, manual handling and recognising elder abuse or had a refresher course booked in the following month. Other courses offered included food safety, CPR, end of life care, infection control, working with people with dementia. There was also funding available for staff to complete further training in areas of interest that would support the residents, for example post graduate courses in gerontology.

The management structure in the centre supported effective supervision of the day to day staff team. There were regular staff meetings where any issues were discussed and new and revised policies were discussed. There was also an annual appraisal for each staff member to ensure they were effective in their role and meeting the needs of residents effectively.

There were effective recruitment procedures in place in the centre. A total of four staff files of the most recently recruited staff were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland.

Volunteers were also garda vetted and had an agreement in place relating to their role in the centre.

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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>6th and 7th June 2017</td>
</tr>
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<td>Date of response:</td>
<td>4th July 2017</td>
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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 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One event had occurred in the centre that met the definition of requiring to be notified to HIQA and had not been submitted.

1. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
We appreciate that the HIQA inspector found that the inspectorate receives notifications in line with the regulations. During the inspection the inspector reviewed an event that had been examined and dealt with using our incident investigation / reporting mechanism.
If an incident such as this arises in the future we will ensure that it is also reported to HIQA.

**Proposed Timescale:** 07/06/2017