

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oaklodge Nursing Home
<b>Centre ID:</b>	OSV-0000261
<b>Centre address:</b>	Churchtown South, Cloyne, Midleton, Cork.
<b>Telephone number:</b>	021 464 6080
<b>Email address:</b>	info@oaklodgenursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	B & D Healthcare Company Limited
<b>Provider Nominee:</b>	Diarmuid Ó'Dálaigh
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	63
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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).

**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 Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
16 May 2017 11:45	16 May 2017 18:45
17 May 2017 08:30	17 May 2017 13:45

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

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

**Summary of findings from this inspection**

This inspection of Oaklodge Nursing Home by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. The inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector followed the experience of a number of residents with dementia in the centre. The inspector observed care practices and interactions between residents who had dementia and members of staff, using a validated observation tool.

As part of the thematic inspection process providers were invited to attend information seminars organised by HIQA. In addition, evidence-based guidance was developed by HIQA to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed the provider self-

assessment tool on dementia care prior to the inspection. On the day of the inspection there were 63 residents in the centre and two vacant beds. The person in charge had stated that there were thirty nine residents in the centre who had been diagnosed with dementia and a number of other residents had cognitive impairment. The inspection was undertaken in the Suaimhneas unit where 25 residents were accommodated.

The inspector met with residents, visitors, the acting person in charge, the nurse managers (CNM), the activities co-ordinator and staff from various roles. The inspector reviewed documentation such as, care plans, medical records, medication records and complaints. A sample of staff and residents' files was checked for relevant documentation. The centre was well maintained, spacious and clean. The provider informed the inspector that a new person in charge and a new CNM had been appointed. The new person in charge was due to commence in the centre at the end of May.

The regulations for the sector as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016 formed the basis for the judgments made by the inspector. Improvements were required in the area of privacy and dignity, premises and care plans. The actions required to be taken by the provider were set out in the action plan at the end of this report.

**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: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A comprehensive and personalised assessment of residents' health and social care needs was undertaken prior to admission. The acting person in charge explained to the inspector that this ensured that the centre was capable of caring for the specific needs of residents with dementia. Care plans following admission included a detailed profile of each resident. Residents and relatives, where appropriate, were involved in developing and reviewing the care plans. Most of the care plans were revised following four monthly reviews.

Residents had access to general practitioner (GP) services and appropriate treatment and therapies. Staff spoken with indicated that residents' medication was reviewed by the GP every three months. A sample of care plans of residents' who had been diagnosed with dementia were reviewed by the inspector. Specialist services and allied health care services such as physiotherapy, occupational therapy and dietician services were seen to be availed of. Records were seen which confirmed referrals to these services. Clinical assessments such as skin integrity, falls, continence, cognitive, pain and nutritional status were undertaken for each resident. Care plans were formulated as a result of these reviews. However, not all residents had suitable and adequate care plans in place to guide staff in supporting residents who experienced the behaviour and psychological symptoms of dementia (BPSD). A number of plans were not sufficiently detailed and not all had life story information to facilitate the development of a resident-centred plan of care. In addition, a number of relevant care plans such as end-of-life advanced care wishes had not been updated in accordance with the resident's altered needs.

During the inspection one resident with dementia was heard to call out from the bedroom for extended periods of time. On two occasions the inspector attended to the resident, who had been diagnosed as having repetitive vocalisations as a result of dementia. The inspector called staff to attend to the resident on both occasions. Nursing staff on the unit confirmed that there was no formal supervision plan in place for frequent visits from staff while she was in bed during the day. The care plan had stated that the resident liked company, music, outdoor wheelchair walks and family visits. The

inspector found that care plans for this resident were not implemented in practice and the care plan stated that calling out in this manner "remains a problem". This care plan was discussed with the acting person in charge as regards developing a more supportive care plan to enrich the resident's daily life in the centre.

There were opportunities for residents to participate in a number of meaningful and varied activities. These included music, art and craft, chair based exercises, card games, doll therapy, Sonas, personalised activities such as hand massage and cooking. There were dedicated activity staff in the centre. The lack of a suitable activity room in the Suaimhneas unit was addressed under Outcome 3: Resident's Rights, dignity and consultation. There was a spacious well equipped hairdressing salon on the premises and all residents had access to this. Secure garden areas were available to residents. Residents from the Suaimhneas unit were seen to partake in activities in the central activity room in the main centre. A number of these residents also dined in the central dining room, which was shared by all residents in the centre.

There were policies in place, relating to the ordering, prescribing, storing and administration of medicines, to residents. Staff followed appropriate medicines management practices. Staff informed the inspector that the pharmacists were facilitated to meet their obligations to residents. They were available to talk with residents, to audit medicines and to provide educational updates to staff.

The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident who had lost weight. Residents' weight was recorded monthly. There was good communication between the dietician, the staff and the kitchen staff. Specific diets were catered for, dietary supplements were prescribed by the GP and speech and language assessments had been undertaken for residents with swallowing difficulties. Menus were on display on each dining table and there was a choice available at each meal. Home baking was available to residents and snacks could be availed of throughout the day. The inspector observed one resident who was particularly delighted to be offered a choice from a tin of 'USA' biscuits. The resident laughed and joked about this and was encouraged to help herself by the staff member.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**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 policy on the prevention of elder abuse set out the protocol in place for the

prevention, detection, reporting and investigating of any allegations. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that staff had received appropriate training. Residents spoken with said they felt safe and stated that staff were helpful. Relatives confirmed with the inspector that staff were kind and easy to approach..

There was a policy in place in the centre to support staff in interventions and approaches for residents who exhibited behaviour related to the behavioural and psychological symptoms of dementia (BPSD). However, not all staff members spoken with had received training to update their knowledge and skills in managing this behaviour. A sample of residents' files reviewed indicated that PRN (as required) medication had been prescribed for administration if residents remained anxious following attempted de-escalation techniques. The inspector noted that the use of psychotropic medication was reviewed regularly by the GP. Bedrails and lap belts were checked regularly when in use and records of these safety checks were viewed by the inspector. There was evidence that consent of the resident or a representative had been documented. The inspector viewed a sample contract of care and observed that charges for residents were clearly set out for accommodation and extra expenses.

**Judgment:**

Substantially Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**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 acting person in charge stated that she sought feedback with regards to care issues and any concerns. She met with residents and staff daily and was available to talk with relatives. The provider stated that the centre was linked by video with the local church. Residents had ceremonies such as weddings recorded for them with permission from the relevant people. Residents could access telephone facilities in private. A room was available to receive visitors in private in addition to the bedroom areas. The inspector was informed by the provider that since the previous inspection closed circuit TV cameras (CCTV) had been removed from two communal rooms to further promote privacy for residents and their relatives during visits.

Residents and their representatives said that regular resident meetings were held. They stated that their opinions were taken into account and improvements made when necessary. A sample of the minutes of these meetings was viewed by the inspector. The minutes recorded that activities such as, residents' choir practice, quiz, bingo, movies

and parties were part of weekly life in the centre. Residents engaged in gardening activities and went on interesting day trips. There were a number of photographs on display in the centre which confirmed that these events took place throughout the year. In addition, there were photographs on display of visiting musicians, the visiting zoo, choirs and school groups. However, on the Suaimhneas unit the notice board stated that residents had 'radio' all day on Saturday and 'Mass' all day on Sunday. The person in charge stated that this was not accurate as there was a variety of activity provision at weekends. Residents and relatives with whom the inspector spoke confirmed that there was an activities' coordinator available each day. One of the activity personnel spoken with by the inspector explained how activities were developed according to the assessed needs and wishes of residents. However, a staff member informed the inspector that the central sitting area in the hall of the Suaimhneas unit was not suitable for activity provision due to its location, passing visitors and staff and equipment being moved around and behind residents. The location and lack of a sitting room impacted on resident's participation and concentration as there were a number of conflicting stimuli in the vicinity. Relatives and staff were occasionally heard commenting to relatives about residents who were seated there. In addition, a maximum number of eight residents could be accommodated on the available chairs. The staff member stated however, that a number of residents from the Suaimhneas unit also joined activity sessions in the main sitting room of the centre.

The inspector observed that there was a four-bedded room on the Suaimhneas unit. The bedroom was spacious with four large windows affording a view of the surrounding countryside. However, the suitability or otherwise of the room as regards promoting optimal privacy, dignity and space for each resident with dementia was addressed with the provider, particularly as two beds were located very close to each other. As some residents were highly dependent for care needs the privacy and dignity of each resident in the room was inevitably compromised. For example, the inspector observed that one resident who resided in the room liked to be in bed all day while two other residents were seen to sit on armchairs in the room watching TV. In addition, a staff member stated that a number of relatives who were visiting a fourth resident had little privacy within this room, for the visit. The inspector also found that a resident who had an infection could not be suitably isolated to prevent or minimise the risk of cross infection for other residents. However, following findings on the previous inspection two large TVs had now been provided in this four-bedded room, which improved the choice of viewing for residents.

As part of the dementia thematic inspection, the inspector observed periods of interaction between staff and residents. A validated observational tool, the Quality of Interaction Schedule or QUIS (Dean et al 1993) was used to rate and record at five-minute intervals the quality of interactions between carers and residents with dementia. These observations took place in the dining room and in the sitting area of the Suaimhneas unit. Each observation lasted a period of 30 minutes. One observation period was undertaken during an activity session in the hall-sitting area. Residents were involved in an art and craft activity. Six of the eight residents present were seen to participate while two other residents were asleep for a period of time. The activity organiser addressed residents by name and residents were seen to be content in his presence. A sense of residents' well-being was obvious to the inspector as residents smiled, responded to advice and partook in the activity. The activity was designed to



encourage and facilitate successful interaction. Residents were involved in painting wooden 'bird-houses' which the activity coordinator later explained had been constructed by the residents from 'flat-pack' self-assembly kits. Residents different abilities were taken into account and they were facilitated to participate accordingly. Each resident experienced a successful outcome due to the skill of the facilitator to respond where appropriate. The staff member was seen to intervene when residents with dementia became restless and succeeded in reassuring a number of other residents who then joined in with the activity. Following the event, residents were served tea, cake and biscuits by supportive staff members. The observing inspector noted that the majority of interactions during this period involved positive connective care.

A second observation period took place in the dining room, at dinner time. Interactions were noted to be generally positive at this time and residents were seen to engage well with staff members. Residents were appropriately assisted to move to the dining tables. Residents were asked about their choice of meal. Tables were nicely set with cutlery and napkins. Seven residents were present in the dining room at this time. While there were periods when there were no staff present with residents resulting in 'neutral care', the overall assessment of this period of observation was one of positive connective care. A third observation period involved a long period of neural care for the eight residents sitting together. The inspector observed that staff were busy caring for the morning needs of other residents at this time. One resident was heard to say "I'm stuck" while standing alone next to the seating area. However, later in the day this resident was seen to help staff to clean tables and tidy up. Information in the resident's care plan identified this task as part of her previous employment duties.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**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:**

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The acting person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. There was a transparent open approach to listening and dealing with complaints. The inspector saw evidence in the detailed documentation reviewed that every effort was made to resolve

complaints.

However, the inspector found that a number of complaints were concerned with allegations of lack of attention to the needs of residents. These had been investigated and changes had been made to prevent a repeat of these events. The provider stated that he fostered a culture where staff were encouraged to come forward with their concerns to protect and safeguard residents. In addition, the satisfaction or not of all complainants had not been accurately recorded.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers available to meet the assessed needs of residents during the day according to the roster viewed by the inspector. The acting person in charge confirmed this. However, there were care concerns identified between the hours of 20.00 and 22.00. During this time there was one staff nurse and two carers on duty to meet the needs of the 25 residents in the Suaimhneas unit. However the staff nurse was not on the unit at the early period of the night as she was administering medications to a number of residents in the central unit. Staff stated that this was a very challenging time for the remaining two staff due to the high needs of residents with dementia. The inspector observed that there had been a concern raised by a staff member about this issue as he felt that care was compromised. The provider stated that he was planning to review staffing levels at this time and had already discussed the issue with senior nurses.

The majority of staff had up-to-date mandatory training. They also had access to a range of training to meet the needs of residents, for example training in dementia care issues, manual handling, health and safety, care issues and food hygiene. Staff with whom the inspector spoke confirmed their knowledge of this training. Staff appraisal records were available in staff files. Recruitment and vetted procedures were seen to be in accordance with the centre's policies. The provider provided assurances to HIQA that all staff had Garda Siochana vetting on file before commencing work in the centre.

A sample of staff files reviewed by the inspector were seen to be in compliance with the requirements of Regulations. A number of staff had been facilitated to attend in-house certified training in dementia care. The incoming person in charge was qualified in this area of training also and the provider stated that the remainder of staff would have

dementia training provided when this staff member commenced in the centre.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**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:**

The premises was a single-storey building set in a scenic rural area. The entrance hall was furnished with a circular table, the reception desk and adequate seating for residents. Corridors were wide and spacious for residents to walk around safely using the grab rails provided. The environment was homely, well-decorated and clean. There were adequate communal areas including a restful conservatory, a large well-lit dining room, a sitting room and visitors' room available to residents. There was a well-equipped hairdressing/beauty room and an oratory in the centre. Residents from all units shared these communal areas. There were fifty-one bedrooms in the centre which was registered to accommodate 65 residents. For the purposes of this dementia thematic inspection the inspection was carried out in the Suaimhneas unit located in the south corridor of the nursing home. Twenty five residents resided in this dementia specific secure unit. It had a separate small sitting area and a dining room. However, the sitting area was unsuitable for residents' needs as described under Outcome 3. In addition, while most bedrooms were single occupancy with en-suite toilet and shower areas there was a three-bedded room and a four-bedded room on this unit, which impacted on residents' privacy and dignity, as previously outlined.

A number of residents' bedrooms were personalised and decorated to residents' taste. 'Memory boxes' had been compiled with relatives' involvement. The exit doors on the unit had been painted with a colourful mural in keeping with rural views from the windows. Specially designed signage had been installed which was located at a suitable height for residents. A secure garden area had been carefully planned and designed for residents with dementia. Plants had been chosen to provide sensory stimulation and there was adequate outdoor seating and pathways for residents' use. The provider outlined future plans to enhance the environment for residents' with dementia with further signage, a bigger sitting room and extended dining room. Equipment in the centre was properly installed, tested and serviced. This included the electrically operated assisted bath, fire safety equipment, wheelchairs, electric mattresses and hoists.

**Judgment:**

Substantially Compliant

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<b>Closing the Visit</b>
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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 O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Oaklodge Nursing Home
<b>Centre ID:</b>	OSV-0000261
<b>Date of inspection:</b>	16 and 17 May 2017
<b>Date of response:</b>	13 June 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Not all residents had sufficient life story information available to ensure that all care plans were individualised.

#### 1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

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

As many of our residents are persons with Dementia we are practically dependent on families/friends to provide Life-story information. We will ensure that all available Life story information is recorded on care plans as soon as possible.

**Proposed Timescale:** 30/09/2017

**Theme:**

Safe care and support

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

Not all care plans had been appropriately reviewed and updated to reflect the changed needs of residents. A number of care plans lacked sufficient guidance for staff to support residents.

Information in care plans had not been implemented.

For example:

-a resident who had specific communication needs was not being afforded the suggested supports.

**2. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The identified care plans have been updated and we have also instituted a centre-wide careplan audit to ensure all care plans are reviewed and updated. We have also commenced a more formal supervision of care plan reviews to ensure they are updated as required and checked by Nurse management on a regular basis.

Proposed Timescale: 30th 07th 2017

**Proposed Timescale:** 30/07/2017

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

A number of staff spoken with did not have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

**3. Action Required:**

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

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

Refresher updated training in Behaviour and psychological symptoms of Dementia (Bpsd) has been organised for 27th June next.

**Proposed Timescale:** 27/06/2017

**Outcome 03: Residents' Rights, Dignity and Consultation****Theme:**

Person-centred care and support

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

One resident, whose care plan indicated a preference for a range of activities, was noted to be in bed without attention for long periods of the day.

**4. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The identified resident is provided with opportunities for activities in accordance with the resident's interests and capacities. To ensure that we can demonstrate this more easily our care plan audit will ensure that care practices and activities are in accord with residents' documented preferences and choices.

**Proposed Timescale:** 30/09/2017

**Theme:**

Person-centred care and support

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

The layout of the Suaimhneas unit as regards the location and size of the recreation/sitting area was unsuitable for those residents with dementia who communicated by calling out or expressing sadness. There was no privacy afforded to these residents as staff and visitors were constantly passing by the group who were sitting in this area.

**5. Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her

wellbeing, safety and health and that of other residents in the designated centre.

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

Our architect will undertake a spatial review and draw up plans to optimally meet the privacy needs of residents with communication difficulties. The quiet sitting room and activities room in the centre is available and we will look at encouraging its use on a more regular basis for activities for Residents with dementia.

**Proposed Timescale:** 30/11/2017

**Theme:**

Person-centred care and support

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

Residents in the four bedded room could not be facilitated to receive visitors in private.

**6. Action Required:**

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

Whilst there is a visitors' room available we will nonetheless include this in the Architects spatial review to look at how best to accommodate the needs of the residents in Suaimhneas.

**Proposed Timescale:** 30/11/2017

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

The satisfaction or not of each complainant had not been recorded as required under the regulations.

**7. Action Required:**

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

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

This has been rectified and a staff memorandum has issues to all staff to ensure that they tick the satisfied or not satisfied at point of contact box when completing the form.



**Proposed Timescale:** 13/06/2017

### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

There was a period of time during the night shift when the staff nurse was not available on the Suaimhneas unit due to administering medication to other residents. Two staff members were not sufficient for the required needs of dependent residents at this time.

**8. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The DON has reviewed this and the roster has been amended and now includes a twilight shift including these hours to ensure we have an extra care staff available during the Nurses medication round.

**Proposed Timescale:** 13/06/2017

### **Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The dementia specific unit did not have adequate private and communal space in addition to residents' bedroom space.

**9. Action Required:**

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

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

An architectural spatial review will be undertaken of the available space and spatial needs to ensure adequate communal and private space in addition to bedroom space is accessible and available to residents in Suaimhneas.

**Proposed Timescale:** 30/11/2017

