

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Colmcille's Nursing Home
Centre ID:	OSV-0000165
Centre address:	Oldcastle Road, Kells, Meath.
Telephone number:	046 924 9733
Email address:	seamus@seamuscomer.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Colmcilles Nursing Home Limited
Provider Nominee:	Seamus Comer
Lead inspector:	Sonia McCague
Support inspector(s):	Mary O'Donnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	7

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).

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 January 2017 09:50 To: 31 January 2017 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Substantially 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	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a monitoring inspection, the purpose of the inspection was threefold:

- to follow up on progress with completion of actions from the previous inspection in January 2016
- to considered unsolicited information received by the Health Information and Quality Authority (HIQA) and
- to monitored compliance with specific regulations.

The designated centre is in a process of transition between providers and an absence of the person in charge was notified to the Health Information and Quality Authority (HIQA) in December 2016. The person in charge resigned from her position and staff confirmed her absence from 11 December 2016.

The inspectors met with residents, relatives, staff members and managers during the inspection. The inspectors observed care practices and interactions between staff and residents and reviewed documentation such as care plans, medical records, staff files and training records along with service and maintenance records.

The living environment was welcoming and an atmosphere of friendliness was noted.

On the day of inspection 34 residents were in the nursing home and one was in hospital.

Actions required from the previous inspection were progressed with further improvements required following this inspection.

Staff on duty were knowledgeable of residents abilities and needs. Family involvement was encouraged and facilitated. Measures were in place to protect residents from being harmed or abused. The healthcare needs of residents were met and residents had timely access to general practitioner (GP) services and to a range of other allied health professionals. However, the inspectors concluded that the centre did not provide an optimal environment for residents with responsive behaviours (how people with dementia or other conditions may communicate their physical discomfort or discomfort with their social or physical environment) and staff, though well intentioned, lacked the competence and expertise to assess and plan care in order to provide consistent therapeutic care for residents with responsive behaviours.

Overall, improvements were required in relation to the governance and management arrangements that included the appointment of a suitable person in charge, upgrade of the premises and replacement of equipment or furniture, risk assessment and management, evaluation and recording of care, assessment analysis, complaints management, staffing provision and social care arrangements for all residents.

The findings are discussed in the body of the report and requirements are outlined in 22 actions in the response 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 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 designated centre is in a process of transition between providers. This change within the organisational structure was displayed on notice boards to inform residents and visitors.

HIQA was in receipt of unsolicited information that alleged inadequate resources, poor standards of hygiene and care and inadequate staffing levels and arrangements to meet the needs of all residents.

On the day of the inspection there were adequate resources in place to ensure the delivery of safe care, however, much improvement was needed. A review of resources allocated to the replacement of worn furniture and equipment, upgrade and refurbishment of the premises, and the cleaning and laundry arrangements was required, as discussed in outcomes 8, 12 and 18. The assessment and appropriate management of residents based on their changing needs also required improvement to ensure the facility could ensure safe and appropriate care.

There was a defined management structure in place that identified the reporting structure, staff roles and detailed responsibilities for the areas of care provision.

The recruitment of a person in charge to manage the centre was ongoing following the notified absence in December 2016.

Staff and residents were familiar with the current management and provider arrangements and deputies were in place during the absence of the person in charge.

The staff, residents and relatives interviewed were familiar with the management and staff team, telling the inspectors of the changes that had occurred. In the main, staff

were reasonably satisfied with the management arrangements. However, some had concerns about the lack of response to issues raised regarding the inability to meet the needs of residents with responsive behaviours (how people with dementia or other conditions may communicate their physical discomfort or discomfort with their social or physical environment). Staff told inspectors they had questioned the appropriateness of residents' placement and continuing care requirements with the management team, however, they were unclear as to the steps taken or planned to address the matter. In follow up to unsolicited information received by HIQA, inspectors concluded that a lack of leadership and appropriate communication had negatively impacted on a resident.

An auditing and management system was maintained to capture statistical information in relation to resident outcomes, incidents and staffing arrangements. Clinical audits were carried out on accidents, medicine management, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was readily available for inspection. A low level of pressure ulcers and written complaints was reported.

The inspectors were told that an annual review of the quality and safety of care delivered to residents for 2016 was to be completed to inform the service plan in 2017. This was to be submitted to HIQA.

Interviews of residents and relatives during the inspection were mainly positive in respect of the staff, provision of the care, and general practitioner (GP) services provided. Required improvements were highlighted in relation to the facilities and aspects of staff supervision.

There was evidence of consultation with residents and their representatives in a range of ways, such as on a daily basis during assistance or supportive activities and when family visit. Other opportunities for consultation were confirmed when staff engaged in reviewing and assessing the care plans of residents, recent changes in operational matters and visiting restrictions due to a recent flu outbreak.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Each resident was issued with a resident's guide. This contained relevant information, about the services and facilities of the centre.

Each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. Details of additional charges (e.g. hairdressing) were included in the contract. There was evidence that the provider followed up with relatives when there was a delay in signing the contract of care.

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):
No actions were required from the previous inspection.

Findings:

An absence of the person in charge since 11 December 2016 was notified, as required, to the Health Information and Quality Authority (HIQA) in December 2016. The inspectors were informed that the provider and those involved in the management of the centre were in the process of recruiting a suitable person in charge and anticipated the process to be complete by mid February 2017.

The deputies for the person in charge, the staff team and administrator facilitated this inspection. They provided relevant information and made documents available on request. They had good knowledge of residents' care and conditions and were familiar with family members.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were stored safely. Most records were made available, however, staff informed inspectors that some information in relation to stakeholders involvement in residents care and records previously maintained, such as, continence assessment records were not available to them.

A sample of records was reviewed by the inspectors. These included records relating to fire safety, staff rosters, training records and recruitment files, and residents' medication and clinical records, as well as the centre's contract of care agreement. Improvements required in recording care practices are discussed in outcome 7 and 11.

Samples of staff files were reviewed and were in compliance with the requirements of schedule 2 documentation. A declaration by the provider representative was given verbally, and in writing, that all staff had a declaration of Garda vetting on file. A separate file containing Garda vetting disclosures was seen and a sample reviewed to confirm this.

A record of visitors was available and maintained in the centre, as required.

The centre's insurance cover was current and a certificate of insurance was seen on file.

Operating policies and procedures for the centre, as required by Schedule 5 of the Regulations, were available. All policies will require a review and approval when the transition of provider is complete and a new person in charge is appointed.

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 designated 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):

No actions were required from the previous inspection.

Findings:

The provider nominee was aware and had demonstrated their responsibility to notify the Chief Inspector of the absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The person in charge resigned from her position on 11 December 2016 and two senior nurses were deputising until a suitable person in charge was recruited. These arrangements were satisfactory in the short term.

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):

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

Findings:

Since the previous inspection all staff had received training in relation to the detection and prevention of and response to abuse and were familiar with the centres policy. Staff had attended training to support them to work with residents who had responsive behaviours (how people with dementia or other conditions may communicate their physical discomfort or discomfort with their social or physical environment). However, the application of new learning was not evident in relation to the analysis of assessment charts in order to develop care plans for individual residents.

There were measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to elder abuse. There was a policy in place and the national policy on safeguarding vulnerable persons at risk of abuse was available to staff. The person in charge and staff who spoke with inspectors displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There were no allegations of abuse currently under investigation. Residents interviewed by inspectors said they felt safe. The provider and person in charge confirmed that all staff had Garda Clearance and this was found to be the case when a sample of staff files was examined.

At the previous inspection it was found that staff did not have training or the necessary skills and knowledge to work with residents who had behavioural issues. Staff had since

been provided with training and other staff were due to attend training in the first quarter 2017. There were a number of residents who had responsive behaviours and inspectors focused on the care and welfare of these residents. Behaviours described as problematic by staff included verbal and physical aggression. According to the incident records there were 14 incidents of physical aggression towards staff in 2016 and there were no recorded incidents of aggression towards residents. Files examined showed that a pre-admission assessment had been completed in all cases to ensure that the centre could meet the needs of the residents. There was evidence that appropriate referrals had been made to mental health services and expert recommendations had been implemented. For example medications were administered as prescribed and in one case the timing of daily medications had been moved to lunchtime because the resident was usually in 'bad form' in the mornings.

The assessments and care plans for these residents required improvements. ABC charts (assessment forms) were completed on an ongoing basis, however there was no evidence that they were formally analysed and used to create an individual care plan for each resident. The inspectors read a sample of care plans and saw that they lacked sufficient detail about interventions to provide consistent approach to care. Boredom can sometimes trigger responsive behaviours. The assessments for activity provision were examined and found to be out of date for two of the three residents tracked and did not reflect their current status. One resident had not been reassessed since 2014. In the case of the third resident there was no evidence that the hobbies and interests identified in their life story book had been used to inform a care plan to meet the resident's social needs. The overall judgment was that the residents' social needs were not adequately met. In the main, the activities identified were not suitable for the residents who had responsive behaviours. The records viewed evidenced that the most frequent activity provided was listening to the radio or watching TV. Activities took place in the day room and it was not possible to control the noise levels in the room. There was no other room available for quiet time or for smaller group activities and inspectors did not see any equipment used to provide sensory stimulation for less able residents. Although staff were observed to engage with residents and provide positive connective care to residents generally, the inspectors identified that staff interaction with residents who had responsive behaviours was limited and usually occurred while a task was being completed. The inspectors concluded that the centre did not provide an optimal environment for residents with responsive behaviours and staff though well intentioned, lacked the competence and expertise to assess and plan care in order to provide consistent therapeutic care for residents with responsive behaviours.

Staff had made significant progress towards promoting a restraint free environment. Additional equipment such as low beds, wedges and sensor alarms had been purchased to reduce the need for bedrails. The inspectors reviewed the use of restraint and noted that only four residents used bedrails. Staff confirmed that bed rails were mostly used at the request of relatives and no risk assessments had been undertaken. Care plans were not in place for residents who used bedrails however safety checks were completed and there was documented evidence that these were undertaken. Some residents were prescribed sedation and psychotropic medications to manage an underlying condition. These medications were regularly reviewed and inspectors found evidence that chemical restraint was tightly controlled and used as a last resort.

Inspectors did not monitor the systems in place to safeguard residents' monies on this inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A risk management policy and associated health and safety procedures were in place.

The inspectors found that the health and safety of residents, visitors and staff was promoted, however, some improvements were required.

The actions from the previous inspection had been addressed, however, further improvement was needed to ensure all risks were adequately identified or assessed with suitable control measures and the arrangements and identified control measures were available and implemented in practice. For example, an assessment that included the requirement of up to four staff to complete manual handling activities was recorded in January 2017 that could not be implemented at night as a maximum of three staff were available.

Reasonable measures were in place to prevent accidents to persons in the centre. A risk management register was maintained and subject to review. Arrangements were in place for investigating incidents or adverse events involving residents and audits were carried out to inform learning and improvements. The management and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely factors to identify control measures.

Measures had been put in place and improvements made in controlling and responding to the some of the previously identified and reported risks. For example:

- a missing person drill had been practiced and simulated with staff at the same time as the fire drill which was required following the last inspection
- the exact number of residents in the centre was known by staff spoken with and was included in the handover arrangements when staff shifts changed
- staff had received training in the prevention and control of infection
- personal protective equipment (PPE) was found to be appropriately stocked in parts of

the centre that did not obstruct hand rails for use by residents

- laundry skips, communal towels and continence products were stored in allocated areas and within presses.

While the overall process and application of risk management had improved, some of the actions required on the previous inspection had not been satisfactorily completed and others were identified as follows:

- the waste from a wash hand basin in a communal shower room drained onto the base of the shower area
- commode inserts, bedpans and commode lids were seen stored in the bath of a communal bathroom
- the material as the back support in two shower chairs was discoloured and appeared unclean
- the room temperature was high within the centre on the day of the inspection. Staff were unable to reduce or address the warm temperature and a gauge to determine the exact temperature was not available
- hot water was not available in taps for use by residents, care and cleaning staff
- the paintwork, particularly on walls, architrave and skirting boards, and on some surfaces of furniture and fittings used by residents within bedrooms and along corridors, was seen to be stained, chipped, worn or damaged, rendering it a potential risk to harbour infection and difficult to clean sufficiently
- a malodour was found from equipment provided and in use by residents.
- overstock of mattresses and wedges not in use were left in bedrooms unnecessarily
- television wall brackets/stands were badly positioned and a potential hazard to those passing by them in some rooms inspected.

Equipment such as two sit to stand hoists, two overhead (full body) hoists, and a selection of hoist slings and slide sheets, motion sensor devices, and foam wedges were seen available for staff to support residents' mobility, transfer and safety. A functioning call bell system was also available in areas occupied by residents.

Maintenance and service records were available for equipment used by residents such as hoists, beds and pressure relieving mattresses. However, one hoist that had a recent service history required further assessment as when it was pushed by staff a noise from the casters was noted by inspectors.

A recent outbreak of a notifiable disease (flu virus) had occurred in the centre affecting six residents. Information in relation to the steps taken was available. Residents' recovery had been supported with timely input from their general practitioner, the public health department and staff that imposed restricted visiting. Staff had been commended by the GP and public health department for their efficient management of this outbreak in a record read by an inspector. Personal protective clothing was available for use throughout the centre. Staff had access to hand washing facilities and hand sanitisers on corridors that were seen being used by staff between each resident interaction.

The standard of cleanliness throughout was reasonable, but in parts it required improvement. Inspectors found the furniture and fittings in parts, and covers of mattresses and pressure relieving cushions, to be worn, stained or damaged that could not be properly cleaned. Some of these items, such as mattresses, were replaced during

the inspection, while others required repair or replacement to prevent and control healthcare associated infections.

Arrangements were in place in relation to promoting fire safety. Fire alarm tests were carried out in February and July 2016, however, there was no further record to demonstrate the alarm was serviced on a quarterly basis as recommended. Servicing and checks of fire extinguishers, emergency lighting and fire escape routes were recorded as completed. Staff interviewed described their role and responsibilities during a fire alarm, and records reviewed confirmed staff had completed fire safety training and a simulated fire drill.

Judgment:
Non Compliant - Moderate

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):

Findings:

Inspector found evidence of safe medication management practices. Evidence was available that three monthly reviews were carried out. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. Similar controls were in place for sedative or psychotropic medications which were prescribed to be given when required (PRN).

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were recorded on a daily basis and within acceptable limits at the time of inspection. An inspector noted that there were three packets of the same eye drops stored in the fridge and it was not possible to discern which bottle was currently in use, as the date when the package was opened was not recorded. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacist carried out a quarterly medication audit and created action plans to promote improvements in relation to medication practices. The pharmacist was also involved in the review of medications and stock control. The inspectors saw that the pharmacist visited the centre and was available to meet with residents if required.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The previous inspection had identified non compliances in relation to care planning. On this inspection improvements were required in relation to aspects of assessments and the recording of daily care.

The inspectors found that overall resident's wellbeing and welfare was maintained by a good standard of general nursing care and appropriate medical and allied health care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans was reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Care plans were developed to address problems or if a potential risk was identified. Pressure relieving mattresses were provided and there were no residents with pressure sores. Residents were weighed on a monthly basis or more frequently if required. There was timely access to dietetic services and specialist advice was incorporated into care plans. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals, in consultation with residents or their representatives. Nurses narrative notes were linked to the care plans and daily flow charts were used to record daily care interventions. Some of the daily flow charts examined were not completed properly and it was not possible to determine if the care plan had been implemented. For example in relation to one of the residents who was tracked, the personal care field

was blank for five out of the previous eight days.

The inspectors reviewed the management of clinical issues such as falls, wound care and diabetes management and found they were well managed and guided by robust policies.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Residents also had access to psychiatry of later life services and community palliative care services. A range of other services was available on referral including speech and language therapy (SALT), dietetics, chiropody and optical services. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Physiotherapy assessments were included as part of the service and inspectors saw evidence that residents with limited mobility and those at risk of falls had benefitted from physiotherapy input.

Residents' life stories were completed and often used to inform a care plan to meet their social needs. Residents were seen enjoying various activities during the inspection such as flower arranging and knitting. The regular reassessment of residents was required so that new activities could be introduced to meet their changing needs. The group activities provided did not meet the needs of less able residents. The activity schedule required review to include small group activities, sensory stimulation and one to one interactions where appropriate.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Improvements were required to ensure the design and layout of the premises met the needs of all residents being accommodated and much improvement was required in relation to it's state of repair.

The centre was not suitably decorated in all parts. Some areas and ceilings had been

painted since the previous inspection, the attention to detail was lacking. Inspectors saw paint spots on the floor covering in bedrooms that had not been sufficiently cleaned or removed. Repair of bathroom tiles, masonry/wall filling and paintwork around electrical sockets and above wash hand basins appeared unfinished in parts.

Deficiencies in the paintwork, furniture and fittings found in residents bedrooms were highlighted to the management team throughout the inspection and at feedback.

There were 26 single bedrooms and eight twin bedrooms. Some bedrooms had a full en-suite facility that included a shower, wash hand basin and toilet while others had a wash hand basin and access to a communal bathroom. Some bedrooms were personalised while others had minimal personal features and a lack of shelving to display ornaments and personal objects was noted in some bedrooms. A lack of tactile and interactive items such as rummage boxes was highlighted with 29% of the residents having a diagnosis of dementia.

Red handrails against a cream wall colour seen along both sides of the corridor promoted residents independence.

On examination of the bathrooms there was insufficient hot water, therefore, to offer the use the bath facility was limited. Inspectors found that a lack of hot water was a common problem experienced and confirmed by staff which resulting in staff using the electric shower in communal bathrooms to fill residents' basins and transport to their rooms for personal care. The cleaners also confirmed the use of the electric showers in residents' bathrooms to source hot water to fill mop buckets. This arrangement was insufficient and inappropriate.

There was reasonable private and communal space for residents; however, the improvements discussed on previous inspections in relation to extending the sitting room space and limited dining room facility had not been progressed at this time.

While the size of bedrooms examined met the individual needs of existing residents, some of the beds were noted to be stationary and the height was not adjustable to aid safe manual handling techniques.

The bedding and towels in resident's rooms were noted to be clean but some were discoloured and rough in texture requiring replacement.

Privacy screening was in place within twin rooms; however, the position of a lampshade, in one twin room examined, hampered the screens from closing completely.

Consideration was also to be given to a longer screening curtain to enhance resident's privacy. Furthermore, the positioning and layout of beds in another twin room required review to promote the privacy and dignity of those accommodated. The beds were positioned along one wall of the bedroom and laid out so that the head of one bed was at the foot of the other bed.

The floor covering was worn and in need of replacement in parts and in bedrooms.

Storage space for residents' personal belongings was adequate and a lockable area afforded.

A functioning call-bell system was in place and accessible from resident's bed.

The centre has heating, lighting, and ventilation in parts where necessary, however, on the day of inspection the air temperature was very warm and the water temperature cool. Both were in need of attention to ensure temperature control devices are in place, as required.

There is a separate kitchen with cooking facilities. This area was not examined on this inspection.

A separate recreational room was recommended in questionnaires so that residents could opt out of group activities that took place in the main sitting room.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy was in place and a procedure was displayed to advertise that the deputies were responsible for the management of complaints.

On a review of the complaint register, an inspector found records of complaints and issues raised by or on behalf of residents. While some records outlined the actions taken and outcome to include the satisfaction level of the complainant, others did not. Therefore, the inspector was unable to determine the steps taken, whether an investigation took place and if the matter had been resolved to the satisfaction of the complainant with leave to appeal.

HIQA was in receipt of unsolicited information that outlined dissatisfaction with the service provided. Members of the management team were aware of this complaint; however, it had not been logged as a complaint for processing accordingly.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the previous inspection it was identified that an end of life assessment was not completed for all residents. The inspectors found that this had been addressed. Each resident was given the opportunity to express their preferred priorities of care at end of life including their preferred place for end of life care. All the files examined held an end of life care. Inspectors found evidence that staff had linked with community services to facilitate a resident to return home for end of life care as was the resident's wish.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. The deputising person in charge stated that the centre received support from the local palliative care team if required.

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):

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

Findings:

The matter arising from the previous action related to insufficient opportunities for staff to participate in relevant training. This matter had been addressed; however, further improvements in relation to the application of training, arrangement of staffing levels and supervision were required.

Staff spoken with and training records reviewed confirmed that mandatory and relevant

staff training had been provided. A plan and programme of training for 2017 was also available for staff training and development. Staff had opportunities and had participated in relevant training. The training records for staff were reviewed and saw that in addition to the mandatory training, a wide range of relevant training was provided for staff including training in areas such as dementia, managing behaviours that challenge, first aid, cardio pulmonary resuscitation, hand hygiene and infection control. However, some improvement was required regarding the application of training and appropriate supervision to support and equip staff in their role, such as, in the assessment of needs and analysis of responsive behaviours discussed in outcome 7.

HIQA was in receipt of unsolicited information that alleged inadequate staffing levels and arrangements to meet the needs of all residents.

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. There were 34 residents, seven vacancies and one resident in hospital on the day of this inspection.

This was an announced inspection due to the transition of the centre between providers. The person nominated to represent the provider and the nominee for the proposed new provider was both present. Both persons participating in the management of the centre were on duty along with two nurses, five care staff, two cleaning and a laundry staff member, two kitchen and two administration staff. Activity and maintenance staff were also on duty during the inspection. The levels of staff were adequate during this inspection.

Staff were knowledgeable of residents needs and were seen supporting, responding, assisting and supervising residents in a friendly manner. Staff were seen to be responsive to residents requests. However, some feedback received by inspectors from staff and in relatives questionnaires included staff had insufficient time or ability to carry out their duties and responsibilities. This was communicated to the management group.

The roster and staff confirmed a minimum level of two staff nurses and three carers daily from 8pm to 10pm, and one nurse with two care attendants each night (10pm to 7am). The inspectors confirmed with nurses and care staff that the care staff numbers and skill mix was sufficient for the current number of residents, however, on occasion more than three staff was assessed as needed.

While the feedback in interviews with staff, residents and relatives was generally positive some feedback and information received expressed concern in relating to staffing levels provided and ability of staff to respond to each residents needs. The management were informed of this for follow up and review.

Inspectors met with cleaning staff who were working during this inspection. One was working a four hour shift and the other a three hour shift. Inspectors were told that the cleaning hours were insufficient and cleaning hours had been reduced but subsequently reinstated to seven hours daily since the flu outbreak. A review of the cleaning arrangements and resource allocation was also required, as outlined in outcomes 8 and 12.

A laundry staff member was on duty and rostered for five hours daily. An inspector was informed that bedding and personal clothing were laundered in the centre's laundry facility and sheets were manually ironed by a hand iron. In discussions with staff, they said they would welcome additional resources or equipment as they had provided additional personal time (over the rostered time) in order to meet the demands of the laundry service at times. The inspector asked staff if resident's laundry supply had been negatively affected during the flu outbreak and was informed that while the demand for towels and bed linen was great at times, the supply was adequate. The quantity of bed linen and towels seen in stock was sufficient and staff told an inspector that additional towels and sheets were recently placed on order.

Staff files had been audited and those examined were complete. Nursing staff had up to date registration with their relevant professional body as evidenced by documentation held on file for same.

There were no volunteers working or present in the centre.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
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:	St Colmcille's Nursing Home
Centre ID:	OSV-0000165
Date of inspection:	31/01/2017
Date of response:	16/02/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The inspectors were told that an annual review of the quality and safety of care delivered to residents for 2016 was to be completed to inform the service plan in 2017. This was to be submitted to HIQA.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

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:

The annual review of the quality and safety of care will be sent to HIQA on completion.

Proposed Timescale: 16/03/2017

Theme:

Governance, Leadership and Management

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

The management of concerns and issues raised regarding the inability to meet the needs of residents with responsive behaviours had not been sufficiently managed and communicated demonstrating a lack of leadership and appropriate communication arrangements.

The assessment and appropriateness of residents, based on their changing needs, required improvement to ensure the facility could ensure safe and appropriate care.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The appointment of a new DON on the 20th February 2017 and the appointment of HCI to conduct an independent review due to be completed by the 28th February 2017. Will provide us with the necessary information to highlight areas for improvement and leadership going forward. We will take the necessary resulting actions to address this concern.

Proposed Timescale: Finding available 28th February and actions implemented immediately afterwards.

Proposed Timescale: 28/02/2017

Theme:

Governance, Leadership and Management

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

A review of resources was required.

A review of resources allocated to the replacement of worn furniture and equipment,

upgrade and refurbishment of the premises, and the cleaning and laundry arrangements, was required, as discussed in outcomes 8, 12 and 18.

3. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

Replacement of worn furniture and equipment identified and the refurbishment of the premises will be sourced as part of ongoing replacement of fixtures and fittings

Proposed Timescale: 30/06/2017

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

An absence of the person in charge since 11 December 2016 was notified, as required, to the Health Information and Quality Authority (HIQA) in December 2016.

The inspectors were informed that the provider and those involved in the management of the centre were in the process of recruiting a suitable person in charge and anticipated the process to be complete by mid February 2017.

4. Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

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

The commencement of the Person in charge will be finalised by end of February

Proposed Timescale: 28/02/2017

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:

Operating policies and procedures for the centre, as required by Schedule 5 of the Regulations, were available. All policies will require a review and approval when the transition of provider is complete and a new person in charge is appointed.

5. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

On appointment of new person in charge all policies and procedures as required by schedule 5 will be reviewed and updated.

Proposed Timescale: 30/06/2017

Theme:

Governance, Leadership and Management

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

Staff informed inspectors that some information in relation to stakeholders involvement in residents care and records previously maintained, such as, continence assessment records, were not available to them.

6. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All Resident care records are maintained, all updated assessments are on file. Staff are informed through handover regarding assessment updates.

Proposed Timescale: 16/02/2017

Outcome 07: 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:

The inspectors concluded that the centre did not provide an optimal environment for residents with responsive behaviours. Staff though well intentioned, lacked the competence and expertise to assess and plan care in order to provide consistent therapeutic care for residents with responsive behaviours.

7. 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:

Behaviours that challenge training had taken place on 30/01/17

Pending an independent review and DON appointment both will contribute to the assessment of the degree of training requirements required. Recommendations will be reviewed at the end of 28/02/17 will a program of action with timelines to following.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

Staff confirmed that bed rails were mostly used at the request of relatives and no risk assessments had been undertaken.

8. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Risk Assessments have been completed for all Residents using bed rails

Proposed Timescale: 04/02/2017

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:

Improvement was needed to ensure all risks identified or assessed had suitable control measures and resources available to mitigate risks.

For example, an assessment that included the requirement of up to four staff to complete manual handling activities was recorded in January 2017 that could not be implemented at night as a maximum of three staff were available.

9. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Referred to OT & Physio for re-assessment.

Proposed Timescale: 15/03/2017

Theme:

Safe care and support

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

All risks were not adequately identified and assessed that included:

- the waste from a wash hand basin in a communal shower room drained onto the base of the shower area
- commode inserts, bedpans and commode lids were seen stored in the bath of a communal bathroom
- the material as the back support in two shower chairs was discoloured and appeared unclean
- the room temperature was high within the centre on the day of the inspection. Staff were unable to reduce or address the warm temperature and a gauge to determine the exact temperature was not available
- hot water was not available in taps for use by residents, care and cleaning staff
- the paintwork, particularly on walls, architrave and skirting boards, and on some surfaces of furniture and fittings used by residents within bedrooms and along corridors, was seen to be stained, chipped, worn or damaged, rendering it a potential risk to harbour infection and difficult to clean sufficiently
- a malodour was found from equipment provided and in use by residents
- overstock of mattresses and wedges not in use were left in bedrooms unnecessarily
- television wall brackets/stands were badly positioned and a potential hazard to those passing by them in some rooms inspected
- a noise from the casters of a hoist in use by staff to support resident transfers had not been assessed for address.

10. 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:

All Staff informed not to store any equipment in the communal bathroom

All Shower chairs have been cleaned and disinfected

The service provider is liaising with a plumber regarding the heating and water supply / temperature

All areas identified will be refurbished as part of ongoing renewal plans

All Staff informed to ensure all equipment is clean and disinfected and is fit for purpose at all times

All bedrooms have been de-cluttered of items not in use

Service requested for hoist

Proposed Timescale: 31/05/2017

Theme:

Safe care and support

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

The standard of cleanliness required improvement.

The furniture and fittings in parts, and covers of mattresses and pressure relieving cushions were worn, stained or damaged that could not be properly cleaned to prevent and control healthcare associated infections.

11. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A complete review of rostering, supervision and management will be given immediate priority on commencement of Person in Charge- immediate

A complete review of all bed linen / equipment has commenced and this will form part of the supervision and management on commencement of person in charge

Any obsolete items have been removed/ replaced

The furniture and fitting identified will be sourced as part of ongoing renewal plans

Proposed Timescale: 31/05/2017

Theme:

Safe care and support

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

Fire alarm tests were carried out in February and July 2016, however, there was no further record to demonstrate the alarm was serviced on a quarterly basis as recommended.

12. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

The fire service agreement has been signed and a full service is confirmed for 16th February – see attached confirmation email

Proposed Timescale: 06/03/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

An inspector noted that there were three packets of the same eye drops stored in the fridge and it was not possible to discern which bottle was currently in use, as the date when the package was opened was not recorded. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

13. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medications in use now have opened date recorded

Proposed Timescale: 16/02/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

ABC charts (assessment forms) were completed on an ongoing basis, however there was no evidence that they were formally analysed and used to create an individual care plan for each resident.

14. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Care plans are currently being reviewed in relation to residents that present with behaviour that challenges to include the action plan to deal with activities of daily living

Proposed Timescale: 16/02/2017

Theme:

Effective care and support

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

Some of the daily flow charts examined were not completed properly and it was not possible to determine if the care plan had been implemented. For example in relation to one of the residents who was tracked, the personal care field was blank for five out of the previous eight days.

15. 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).

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

All staff reminded of the importance to accurately record all care delivered to residents throughout the 24 hour period.

Proposed Timescale: 16/02/2017

Theme:

Effective care and support

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

The regular reassessment of residents was required so that new activities could be introduced to meet their changing needs. The group activities provided did not meet the needs of less able residents. The activity schedule required review to include small group activities, sensory stimulation and one to one interactions where appropriate.

16. 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:

A separate activity room is part of ongoing renewal plans, in the interim small groups of activities takes place in the dining room in the afternoon.

Completing life stories forms part of one to one time with residents to evaluate their likes and dislikes / hobbies with the involvement of family.

Care plans are currently being reviewed to incorporate activities for those whose needs are changing and are less able.

Proposed Timescale: Ongoing

Proposed Timescale: 16/02/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvements were required to ensure the design and layout of the premises met the needs of all residents being accommodated and much improvement was required in relation to its state of repair.

The centre was not suitably decorated in all parts.

Some areas and ceilings had been painted since the previous inspection, the attention to detail was lacking. Inspectors saw paint spots on the floor covering in bedrooms that had not been sufficiently cleaned or removed.

Repair of bathroom tiles, filling and paintwork around electrical sockets and above wash hand basins appeared unfinished in parts.

Deficiencies in the paintwork, furniture and fittings were found.

A lack of tactile and interactive items such as rummage boxes was highlighted with 29% of the residents having a diagnosis of dementia.

There was insufficient hot water for residents use in bedrooms, or to offer the use the bath facility.

The lack of hot water was a common problem experienced and confirmed by staff resulting in staff using the electric shower in communal bathrooms to fill residents' basins and transport to their rooms for personal care.

The cleaners also confirmed the use of the electric showers in residents' bathrooms as a source of hot water to fill mop buckets.

The improvements discussed on previous inspections in relation to extending the sitting room space and limited dining room facility had not been progressed at this time.

Some of the beds were noted to be stationary in height and not adjustable to aid safe manual handling techniques.

Some bedding and towels were discoloured and rough in texture requiring replacement.

The position of a lampshade, in one twin room examined, hampered the screens from closing completely.

Consideration was also to be given to a longer screening curtain to enhance resident's privacy.

The positioning and layout of beds in another twin room required review to promote the privacy and dignity of those accommodated. The beds were positioned along one wall of the bedroom and laid out so that the head of one bed was at the foot of the other bed.

The floor covering was worn and in need of replacement in parts and in bedrooms.

On the day of inspection the air temperature was very warm and the water temperature cool. Both issues were confirmed to be common findings that were in need of attention to ensure adequate temperature control and devices are in place, as required.

A separate recreational room was recommended in questionnaires so that residents could opt out of group activities that took place in the main sitting room.

17. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All areas identified will be refurbished / replaced as part of ongoing renewal plans
The activities coordinator is currently liaising with families to help make rummage boxes for Residents

The service provider is liaising with a plumber regarding the heating and water supply / temperature

Proposed Timescale: 16/02/2017

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 actions taken and outcome to include the steps taken, whether an investigation took place and satisfaction level of the complainant was not recorded consistently, as required.

18. 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:

All Complaints / Concerns are logged. All Complaints will be followed through ensuring that complainant / resident is satisfied with outcome.

Proposed Timescale: 16/02/2017

Theme:

Person-centred care and support

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

From the records available the inspectors were unable to determine the steps taken, whether an investigation took place and if the matter had been resolved to the satisfaction of the complainant with leave to appeal.

19. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

All Complaints will be followed through as per policy ensuring a resolution of issues will be addressed with the complainant ensuring complainant is aware of the outcome, resolution and details of the appeals process. Communications with these matters will be held as appropriate with all concerned parties.

Proposed Timescale: 16/02/2017

Theme:

Person-centred care and support

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

Information that outlined dissatisfaction with the service provided was made known to members of the management team prior to this inspection, however, it had not been logged as a complaint for processing accordingly.

20. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

All Complaints / concerns/ issues will be logged and recorded accurately and completed action plans will be implemented.

Proposed Timescale: 16/02/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Inspectors were not assured by the overall staffing levels provided and the ability of staff to respond to each residents needs.

21. 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:

Dependency levels are completed daily ensuring the skill mix and staffing levels are appropriate to the needs of the Residents. We are very conscious to ensure that appropriate dependency levels reflect the staffing levels and skill mix which reviewed on a daily basis.

Proposed Timescale: 16/02/2017

Theme:

Workforce

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

Improvements in relation to the application of training, arrangement of staffing levels and supervision of staff were required.

Feedback received by inspectors from staff and in relatives questionnaires included staff had insufficient time or ability to carry out their duties and responsibilities. This was communicated to the management group.

22. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Following the appointment of the DON and supporting mgmt. team a full review of operations will be completed. This will involve resident's assessments, resource planning, training requirements, communications and implementation of same.

Proposed Timescale: 30/04/2017