

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Little Flower Nursing Home
Centre ID:	OSV-0000355
Centre address:	Labane, Ardrahan, Galway.
Telephone number:	091 635 449
Email address:	littleflower1@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bridgelynn Limited
Provider Nominee:	Joan Surman
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	3

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 May 2017 15:00	03 May 2017 19:00
04 May 2017 09:00	04 May 2017 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection which took place over two days. The inspector met with residents and staff members; observed practices; and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Residents were cared for in a safe environment and were receiving a good standard of person centred care, nursing and healthcare support. Evidence of good practice was found throughout the service. Residents were supported to practice their religious beliefs as they wished and were encouraged to maintain their independence. Residents were monitored for signs of weight loss and appropriately referred to a dietician if weight loss was identified. Residents were offered choices at mealtimes and snacks and drinks were available at all other times. Individual meal preferences were catered for.

There were suitable governance arrangements in place with clear lines of authority and management systems to ensure the quality and safety of care provided to residents and staff were very familiar with residents' health and social care needs. Residents were reviewed regularly by their GP and had access to health care professionals care such as occupational therapy, physiotherapy, dietician and speech and language therapy. Residents at end of life had access to the palliative care team from the local hospital and the centre had a designated palliative care room. There was an adequate staff available to meet the residents' assessed needs.

There were appropriate systems in place to safeguard residents from abuse and there was opportunity for residents to participate in recreational opportunities. The staff were trained in dementia which helped ensure that the management of responsive behaviours was appropriate. The centre was warm, clean, comfortably furnished and well maintained. A good programme of activities was in place to ensure residents were engaged. Residents said they were consulted regarding their care.

The Action Plan at the end of this report the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres' for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These relate to the Statement of Purpose and to the door accessing the enclosed garden.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose and function for the centre. It included the information required under regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided. Minor revision to the document was completed and a copy forwarded to HIQA following the inspection to reflect the admission process for residents admitted to the upstairs bedrooms.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority

and accountability as outlined in the statement of purpose. The provider Joan Surman was also the person in charge. She and the assistant director of nursing worked together to ensure the service provided to residents was safe and was appropriately monitored. They were in regular contact on a daily basis and minutes were available to evidence formal management meetings which were held monthly.

There were management systems in place to ensure clinical governance. These included regular meetings with staff of all grades. Audits were completed on aspects of clinical care and services to residents. Examples of audits completed included; restraint use, risks, pressure care, medication management; privacy and dignity. An annual review of the quality and safety of care was completed and the inspector saw that an improvement plan was developed to address areas where improvements were highlighted.

All policies and records required under the Regulations were maintained in a secure manner so as to allow ease of retrieval.

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:

The person in charge (PIC) is a registered nurse with the relevant experience as required by the regulations. She has been provider and person in charge of the centre for the last 17 years. She works full-time in the centre. She is supported in her role by an assistant director of nursing who deputises in her absence. Throughout the inspection process, she demonstrated satisfactory knowledge of her role and responsibilities and sufficient experience and knowledge as required by the legislation.

The person in charge had maintained her clinical skills and knowledge through attendance at various training courses and conferences. She had had completed training in medication management, wound care, clinical recording, dementia, and cardio pulmonary resuscitation in the last year. She had also recently completed a train the trainer course in safeguarding as had the assistant director of nursing.

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

Findings:
Appropriate measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse and had been revised to reflect the revised reporting structures in the Health Services executive policy on safeguarding. The person in charge and the staff spoken to could identify the different forms of abuse and were clear on reporting procedures.

The inspector reviewed a sample of files for residents with restraints in place. There was evidence that alternative options were explored prior to instigating the restraint and there was multidisciplinary input into the decision. A risk assessments had been completed and a care plans was developed to guide practice. Additional equipment such as low beds had been purchased to reduce the need for bedrails. Eleven residents had bedrails in situ and 4 of these were clearly identified as enablers. The enabling function was clearly recorded in the assessment completed to ensure the bedrail was safe to use.

Some residents had responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) as a result of their dementia. The inspector saw that residents with responsive behaviours were appropriately referred and reviewed by specialist medical services such as psychiatry and psychology. The resident's behaviours were monitored to identify potential triggers and behavioural support care plans were developed to guide staff.

Judgment:
Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of the residents, visitors and staff was sufficiently promoted and protected. There was a health and safety statement in place. A risk management policy and a risk register were available which included the risk areas identified in the regulations. Additional hazards were identified in the risk register and controls were in place to minimise risk of occurrence, were stated.

The environment was observed to be clean and well maintained and there were measures in place to control and prevent infection. Hand sanitising gels and protective equipment were provided.

Fire detection and prevention systems were in place and service records indicated that the emergency lighting and fire alarm system were serviced three-monthly. Records reviewed confirmed that all staff had attended fire safety training. Fire fighting equipment was available throughout the centre and the inspector saw that this was serviced annually. Daily checks of all fire exits were recorded and the inspector saw that these were unobstructed.

Fire evacuation drills were part of the fire training programme and the inspector saw evidence that unannounced evacuation drills were completed with night time staffing levels to provide assurance that staff were capable of evacuating any compartment in a timely fashion and to determine if additional staff, training or equipment were required. An evaluation of the drill was completed and where improvements were identified they were addressed in the subsequent drill. Staff spoken with were clear on the procedure they would follow in the event of a fire. All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and cognition.

Each resident had a personal evacuation plan available and evacuation sheets were provided on all beds. Risk assessments were completed for residents who smoked to ensure their safety needs were met.

Appropriate arrangements were evident for investigation and learning from any incidents/adverse events that occurred. Residents were assessed on admission for their risk of sustaining a fall and appropriate measures were put in place to minimise and manage the risks. There were arrangements in place to review any accidents and incidents that occurred and residents who had fallen had a falls risk assessments completed following the fall and their care plans were updated. All falls were reviewed on an ongoing basis by the person in charge. A list of the those at high risk of sustaining a fall was displayed in the nurses' station to alert all staff to the risk. A physiotherapist visited the centre on a weekly basis and reviewed those who had sustained a fall or who were assessed as been at high risk.

An emergency plan was in place which outlined the procedure to follow in the event of an emergency such as flooding of the centre or a chemical explosion. Alternative accommodation was identified in the plan should evacuation be necessary.

Moving and handling assessments were completed for all residents. Training records confirmed that all staff had attended mandatory training in safe moving and handling procedures. The inspector observed that moving and handling practice by staff when assisting residents to transfer was safe.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents. The action from the previous inspection was addressed and medication was now supplied to the centre by a local pharmacy in individual blister packs for morning, afternoon and night time. Medication was stored securely in the centre in three medication trolleys which were kept in the nurses' station when not in use. There was a system for recording medication errors with none were recorded since the new system was introduced. The person in charge confirmed that residents could choose to remain with their own pharmacist. The pharmacist had completed a medication audit and systems were also in place to check in medication when it was delivered. There was evidence that medication was regularly reviewed to ensure optimum therapeutic values.

A secure fridge was used to store all medicines that required refrigeration and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

The inspector reviewed a sample of medication administration sheets. Medication was administered within the timeframes recommended for medications prescribed to residents at specific times.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 47 residents accommodated at the time of the inspection. 1 resident was assessed as having maximum care needs, 3 had high care needs, 11 had medium care needs and 32 were assessed as having low care needs. Residents had a range of healthcare problems associated with age. Some had more than one medical condition. 15 residents had a formal diagnosis of dementia and a further 14 had some element of dementia, cognitive impairment or Alzheimer's disease.

The inspector found that residents were appropriately assessed and monitored and that their health and social care needs were met to a good standard. A preadmission assessment was completed prior to admission to establish the resident's care needs. The inspector saw that a range of assessment tools were used to assess each residents' risks related to nutrition, falls, developing pressure ulcers and cognitive ability. The inspector spoke with care staff on duty who were knowledgeable about the residents' preferred daily routines, their likes and dislikes.

Care plans were maintained electronically and the inspector saw that these were updated at four monthly intervals or when there was a change in a resident's health condition. In general, the care plans were linked to the assessments and were person-centred and provided appropriate guidance to ensure care needs were met. Where there was a change in the residents' condition, the inspector saw that the relevant care plan was updated to reflect the increased risk and the advice of any specialist who had reviewed the resident. Care plans had been developed for residents with a diagnosis of dementia in response to the last inspection. The inspector saw that information about the residents' level of ability and the family members the resident still recognised was recorded in their care plan. Most care plans had a good level of detail about the residents' interests and the activities they enjoyed. A small number were generic and been adapted to reflect the residents interests and abilities.

General Practitioners from six general practices provided medical care to residents in the centre. The person in charge confirmed that residents could retain their own GP if they

chose to. The inspector saw that residents were reviewed promptly by a GP following admission to the centre and regularly thereafter. An out of hours GP service was available. Residents had access to a physiotherapist, speech and language therapist, occupational therapist, dieticians and chiropodists, optician and dentist as required. There was evidence of referrals and reviews by specialists recorded in the residents care records and the inspector confirmed that recommendations by specialist were incorporated into the residents' care plans.

Residents were provided with refreshments, snacks and meals that were varied, wholesome and in accordance with their assessed needs. All residents were screened for nutritional risk on admission using a recognised assessment tool. The inspector saw that residents' weights were checked on admission and then on a monthly basis or more frequently where indicated. Where residents were identified as being at risk nutritionally they were referred to a dietician and those who had an impaired swallow were reviewed by a speech and language therapist. The inspector reviewed the care of residents who had incurred weight loss. There was evidence that any weight loss was referred to the GP and the advice of a dietician was obtained and their advice was incorporated into a nutrition care plan and followed by staff.

When a resident was transferred to hospital the inspector saw that information about their care needs and treatment was generated electronically and shared between the services. There were no residents with wounds at the time of inspection and the inspector saw that assessments were completed to assess each residents' skin integrity and those at risk of developing a pressure wound were appropriately provided with pressure relieving mattresses and cushions and were regularly repositioned to prevent deterioration of the skin.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The inspector reviewed the actions from the last inspection and found they had been addressed. A cover had been provided in a bathroom also used for hairdressing to

protect the electrical sockets. There were improved dementia friendly features to help orientate residents. For example, some rooms had been painted in different colours which helped aid recognition and there was improved picture signage provided. The dining room had been recently refurbished and provided a pleasant area for residents at mealtimes. Residents in general congregated in the main communal area which was a hub of activity during the inspection. There were alternative quieter areas available for those who required a quieter low arousal environment for residents.

The inspector found that the centre provided a comfortable warm homely environment for residents. It was clean and well maintained and there were no malodours detected. There were good levels of personalisation evident in residents' bedrooms. There were several corridors with grab rails on both sides that allowed for movement of residents who wish to walk.

The maintenance of both the internal and external environment was of a good overall standard. A secure enclosed garden was located off the main sitting room which provided a pleasant safe area for residents. It had garden furniture, bird feeders, raised beds, potted plants and garden ornaments to provide areas of interest for residents. The saddle of the door leading to this area had a raised lip which could be a trip hazard for residents accessing this area. This was brought to the attention of the person in charge during the inspection who said she would have this made safe.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted on all aspects of the service. A residents' committee was established and met once a month. Minutes recorded indicated a varied discussion on the day-to-day issues that affected residents. The meetings were chaired by the centres' activities coordinator who also visited residents who were

unable to attend the meetings to collect their views. An independent advocate was available to residents. The person in charge said that the number of complaints received had decreased since the residents' forum was established.

The inspector saw that there was a varied activity programme to help keep residents actively engaged. An activities coordinator was employed to facilitate activities and care staff assisted. On the day of the inspection there was a party for residents who was celebrating her birthday. There was music provided by local musicians and a mobile bar provided drinks to residents. Several residents spoke with the inspector during the party and said that they looked forward to these social events which were held on a monthly basis. Several residents were observed to be actively engaged in some activity during the inspection. Some were knitting or doing crochet and some played cards or chatted together in groups.

Mass was celebrated every Thursday in the centre and was also conveyed by radio from the local church and a Church of Ireland Minister also attended the centre. There were arrangements with the local county council for residents to vote in each election. Residents told the inspector that a polling booth was set up in the centre to facilitate residents to vote or they were facilitated to use a local polling station if they wished.

The activities coordinator did regular Sonas (a specific sensory activity aimed at the needs of people with dementia) sessions with residents with dementia and also individual one-to-one massage and sensory therapeutic sessions for residents with advanced dementia. There were comprehensive records maintained by the activities coordinator of the social activities residents' took part in.

As discussed under outcome 11, care plans were developed for residents with dementia which clearly outlined the level of ability the resident retained and the activities they could still participate in.

Local and national newspapers were available for residents. The centre also produced an accessible quarterly newsletter which was circulated to residents.

There was an open visitor's policy to the centre, and residents could meet visitors in private in a designated meeting room. This was observed to be well used on the day of the inspection.

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 person in charge said that the dependency levels of residents' were assessed using a recognised dependency tool and the staffing rotas were adjusted accordingly. The inspector found that the staffing level and skill mix was appropriate to meet the care needs of the residents for both day and night.

The inspector saw that a planned and actual staff roster was available and reviewed the rosters for the previous week, the week of the inspection and the following week. The rosters included the names and the times of staff shifts for each staff grade and was recorded in the 24 hour clock. The rosters indicated that in addition to the person in charge there was normally, two nurses (including the assistant director of nursing) and 6 health care assistants (HCAs') on duty in the morning. On the previous inspection the findings were that the reduction in nurses in the afternoon required reviewed. This action was addressed and the rota indicated that two nurses were now on duty until 10pm to assist with the night-time medication round. At night there was one nurse and three HCAs on duty. Residents and relatives reported satisfaction with the staffing levels.

The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. There was evidence of An Garda Síochána vetting for the staff whose files were reviewed. The person in charge confirmed all staff working the centre had vetting. The provider ensured references for new staff were verified. All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

The inspector reviewed the centres training records. The records confirmed that staff had up-to-date mandatory training in fire safety, safeguarding and in manual handling. Other training completed by staff included medication management, dementia, end of life care, nutrition, privacy and dignity, communication and cardio pulmonary resuscitation.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
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:	Little Flower Nursing Home
Centre ID:	OSV-0000355
Date of inspection:	03 and 04 May 2017
Date of response:	07 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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Minor revision of the document was required to reflect the admission process for residents admitted to the upstairs bedrooms.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

¹ 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:

The Statement of Purpose and Function has been revised and a copy of this has been forwarded to HIQA headquarters.

Proposed Timescale: Completed

Proposed Timescale: 07/06/2017

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:

The saddle of the door leading to the secure enclosed garden had a raised lip which posed a trip hazard.

2. Action Required:

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

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

A low gradient ramp is currently being manufactured to align with the door frame.

Proposed Timescale: 2 weeks

Proposed Timescale: 21/06/2017