Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Dromcollogher and District Respite Care Centre
Centre ID:	OSV-0000415
Centre address:	Coolaboy, Dromcollogher, Limerick.
Telephone number:	063 83934
Email address:	managerdromc@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dromcollogher & District Respite Care Centre Ltd
Provider Nominee:	Anne McMahon
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	6

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:
11 April 2017 08:30	11 April 2017 17:30
12 April 2017 07:30	12 April 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	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Dromcollogher and District Respite centre has been providing respite care to the communities of Limerick and North Cork since 2002. The centr4e has the capacity for 20 residents and is located on the outskirts of the town of Dromcollogher, Co. Limerick.

This centre only provides respite care in the main for short periods, with many residents admitted from and returned to their own homes. Dromcollogher and District Respite centre is managed and run by a voluntary organisation which has charitable status. It receives funding from state agencies and also receives significant on-going support from the local community through its fund raising activities.

This registration inspection was announced and took place over two days. It was the third inspection of the centre by the Health Information and Quality Authority since it was deemed a designated centre under the Health Act 2007. All matters identified as needing to be addressed following the last inspection, had been attended to. As part of this registration inspection, the inspector met with residents, staff, administrator, the person in charge, assisted manger and the provider representative who was the lead director/member of the board of directors. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The care provided to residents was of a high standard with an emphasis on providing a relaxed, homely and caring environment. Nursing care was in line with contemporary-based practices. There was a respectful, supportive and positive atmosphere in the centre and residents had choices for example about getting up times, what to get involved in and where to have their meals. The inspector noted that residents engaged in activities within the centre such as prayer services, art and crafts and bingo and some also continued their attendance at other day services while availing of respite care. Residents to whom the inspector spoke commented on the kindness and attentiveness of staff, the social interactions and opportunities and the good quality of the food provided. The dining room was attractively laid out which added to the homeliness and pleasantness of the dining experience. Residents were very complementary about the care, attention and support they received from staff. Residents described the centre as “home from home” and a number said “that it was like a holiday”. Residents stated that they felt safe in the centre and residents and visitors described the staff as "very caring".

The physical environment was well maintained and there was an ongoing programme of maintenance. Since the last inspection there had been significant improvements and an on-going redecoration programme was in place. For example, considerable building works/enhancement had been completed in the centre including fire safety improvements such as a number of new fire safety exit doors, fire proofing in part of the roof, as well as upgrading of the plumbing system throughout the centre. There were five bedrooms in total for 20 residents comprised of; two single rooms, one five bed, one six bed and one seven bedded room. The rooms were bright, clean and warm. They had attractive furnishing and fittings, had limited storage space but adequate for the short duration of residents' stay. There were screening curtains around each bed, space for chairs, call bells within easy reach and overhead lighting. Appropriate equipment was provided and it was in good repair.

There were 18 outcomes reviewed as part of this inspection, 10 of the 18 outcomes were compliant and five outcomes substantially compliant with the regulations. However, the following three outcomes were deemed to be moderately non-

compliant; governance and management, health and safety and risk management and suitable premises. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. There was evidence that the statement of purpose was kept under review and readily available for residents and staff to read. The statement of purpose was found to meet the requirements of legislation however, it did not record the following required details:
● the arrangements made for dealing with reviews of the resident's care plan referred to in regulation 5
● the arrangements made for consultation with, and participation of, residents in the operation of the designated centre
● the arrangements made for contact between residents and their relatives, friends and/or carers.

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:
The inspector found that there was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The provider representative was very involved in supporting the person in charge and was in the centre on a daily basis. He had been involved in the development of this centre prior to it commenced operating in 2002 was centrally participating in the overall governance and management of the centre. There was a assistant manager in post since December 2016 who reported to the person in charge and provider representative. She was responsible for the overall financial management and non-clinical aspects to the centre. She along with the provider representative and the person in charge met each month or more often in a structured meeting called the quality improvement meeting. The inspector noted from a review of the minutes of these meetings that issues were discussed and actioned. Such issues included risk management, quality improvements initiatives and operational challenges in relation to the management of the centre. The person in charge had responsibility for all clinical care and the nursing, care staff and activities staff reported to her and she in turn reported to the provider representative. The provider representative in turn reported to the governing board of directors who worked in a voluntary capacity.

The staff nurse on duty replaced the person in charge for short periods including the evenings, weekends and night shifts. The person in charge outlined that she had previously been supported by a clinical nurse manager (CNM) who fulfilled the role of a person participating in management (PPIM) in the centre. However, this staff member had left the centre in December 2016 and had not been replaced. The provider representative informed the inspector that he was actively recruiting for a replacement PPIM and this issue is actioned under outcome 6 of this report.

The provider representative, assisted manager, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. They were proactive in responding to the actions required from previous inspections and the inspector viewed a number of improvements throughout the centre including significant improvements in policy development, premises and fire safety arrangements.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. There was an across-the-board system of audit in place, capturing many areas, to review and monitor the quality and safety of care and the quality of life of residents. For example there were audits in relation to medication management, safeguarding and safety, behaviours that challenge, care planning and

clinical governance. There was evidence that resources were allocated to activities that promoted quality and safety and residents and relatives were very complimentary regarding same.

There was evidence of good consultation with residents and relatives. Satisfaction surveys were carried out on a regular basis. Residents and relatives' questionnaires reflected a high level of satisfaction with care received in the centre. Policies have been updated and on-going daily training sessions were provided to staff on the roll out of the policies. However, the annual review for 2016 into the quality and safety of care delivered to residents was not available as it was still in draft format.

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:
A sample of residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. However, not all contracts of care reviewed contained details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment:
Substantially 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 displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process over the two days. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She had a commitment to her own continued professional development and she had regularly attended relevant education and training sessions which was confirmed by training records. There was evidence that she had attended a comprehensive range of post graduate training including a diploma in rehabilitation of the older person and a diploma in healthcare management. The person in charge had also provided in-house training to staff on, for example; end of life care, risk assessment and the prevention of elder abuse.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was approachable. It was clear that she always made herself available to them whenever they needed to discuss anything with her.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The inspector reviewed the centre's operating policies and procedures and noted that the centre had policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and these were reviewed and updated at intervals not exceeding three years as required by Regulation 4. The centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced best practice or guidelines. There was evidence that there was on-going training to staff on policies and procedures and staff had signed off on these once they had received the training.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to

notify HIQA of any absence or proposed absence.

There were suitable deputising arrangements in place to cover for the person in charge when she was on leave. The staff nurse on duty was in charge in the absence of the person in charge along with the assistant manager provided on-going non-clinical support in the running of the centre.

The provider informed the inspector that an additional position of senior staff nurse had been advertised and was in the process of being filled and when appointed this person would deputize in the absence of the person in charge with the support of the assisted manager.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Safeguarding training was provided on an on-going basis in-house. However, from a review of the staff training records most but not all staff had received up-to-date training all in a programme specific to protection of older persons and one staff had yet to receive elder abuse training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that adequate financial records were maintained. The inspector reviewed the system in place to safeguard residents' finances and valuables which included a review of a sample of records of monies and valuables handed in for safekeeping. A small amount of money and valuables were kept in a locked area in the centre. All lodgements and withdrawals were documented and were signed for by staff members.

There was a policy on behaviours that challenge and staff were provided with training in the centre on behaviours that challenge along with dementia specific training which was on-going. Training records showed that all staff had received up-to-date training in this area at the time of the inspection. There was evidence that for the few residents who presented with behaviours that challenge they were reviewed by their General Practitioner (GP) or other professionals for full review and follow up as required. Care plans reviewed by the inspector for residents exhibiting behaviours that challenge were seen to include positive behavioural strategies. These were clearly outlined in residents' care plans and therefore ensured continuity of approach by all staff using person-centred de-escalation methods.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was in line with national policy. The inspector saw that there was an adequate assessment in place for the use of bedrails, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. The inspector were assured by the practices in place and saw that alternative measures such as alarm mats were being used to reduce the use of bed rails in the centre and there had been a continued reduction in bed rail usage. There were ten residents using bedrails on the days of the inspection and where bedrails were required for a resident, there was evidence that there was regular checking of residents, discussion with the resident's family and the GP.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
Accidents and incidents were recorded on incident forms, were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors and safe walkways were seen in the outside areas.

The fire policies and procedures that were centre-specific. The fire safety plan was viewed by the inspector and found to be adequate. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff on dates in 2017 and

most staff had up to date fire training as required by legislation. The person in charge told the inspector and records confirmed that fire drills were undertaken twice per year. However the actions taken and outcome of the fire drill was not documented, therefore there was no record of learning from the drill and improvements required as a result. The inspector examined the fire safety register with detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in February 2017 and the fire alarm was last tested in April 2017. In addition, there were records of weekly fire alarm and emergency lighting and daily monitoring of fire exits.

Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. The provider representative had contracts in place for the regular servicing of equipment and the inspector viewed records of equipment serviced which were up-to-date. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on most corridors and safe walkways were seen in the outdoor areas. However, the inspector noted that on one corridor there were a number of hand grab rails and requested the person in charge to review the suitability of this arrangement in the context of residents with reduced mobility.

The inspector spoke to staff that worked in the laundry and the handling and segregation of laundry was generally in line with evidence based practice. Latex gloves and plastic aprons were located throughout the centre and staff confirmed that they used personal protective equipment such as latex gloves and plastic aprons as appropriate. All laundry was done in the centre unless the resident wished to send their laundry home. However, the laundry room/area was not suitable in the design, size and layout; as it was cluttered, did not contain separate hand washing facilities and did not provide adequate space for the separation of clean and dirty laundry. The inspector formed the view that the size and layout of the laundry room did not comply with good infection prevention and control practice and posed a risk of cross contamination. This issue was actioned under outcome 12 of this report.

The communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and most staff that were interviewed demonstrated knowledge of the correct procedures to be followed. All staff interviewed were adequately knowledgeable in infection prevention and control or demonstrated suitable hand hygiene practices. However, the training matrix indicated that most but not all staff had completed training in hand hygiene and infection prevention and control and this issue was actioned under outcome 18 of this report.

The health and safety statement seen by the inspector was centre-specific and the health and safety policy was recorded as being most recently reviewed in November 2016. There was a risk management policy as set out in schedule 5 of the regulations and included most of the requirements of regulation 26(1). The policy did cover, the identification and assessment of risks and the precautions in place to control the risks

identified. However, the risk management policy did not include the measures and actions in place to control the following specified risks, 1) abuse 2) the unexplained absence of a resident, 3) accidental injury to visitor, and 4) self harm.

There was a risk register available in the centre however, the hazard identification process required improvement as a number of potential hazards were identified by the inspector that had not been risk assessed including:
● unrestricted access to centre had not been risk assessed
● the suitability of the seating in the smoking room had not been risk assessed
● there was unrestricted access to the staff changing room
● the arrangement for disengaging the alarm of the fire safety exit doors from the multi-occupancy bedrooms had not been risk assessed
● the arrangement for the door into the nurses office to be unsecured had not been risk assessed
● there was unrestricted access to the kitchen
● there was unrestricted windows including the window into the clinic room
● the storage of latex gloves and plastic aprons were potentially hazardous to any resident with a cognitive impairment
● the potential risk associated with communal use of slings to be used in the event of a resident requiring the assistance of a hoist had not been risk assessed

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

Findings:
The inspector noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were up-to-date. Staff were observed adhering to appropriate medication management practices. The medication trolley was suitably secured and the medication keys were held by the staff nurse on duty. The inspector observed a nurse administering the lunch time medications, and this was carried out in line with best practice. Medications were administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

The inspector reviewed a number of medication prescription charts and noted that all included the resident's photo, date of birth, GP and details of any allergy. There was a system of ongoing audit and analysis in place for reviewing and monitoring safe medication management practices. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

There were appropriate procedures for the handling and disposal of unused and out of date medicines and the documenting of same. The fridge containing medications was located in secure nurses office. There was evidence that the temperature of the fridge was monitored daily and that the fridges contained medication only.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required.

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:
The inspector was satisfied that residents' healthcare requirements were met to an adequate standard. The centre provided respite care only, varying for periods from one up four weeks at any one time. Residents to whom the inspector spoke confirmed that they were well cared for and were very complementary about the kindness and standard of care provided to them by all staff. At the time of inspection, there were 14 residents living in the centre and staff had assessed the level of residents' dependence in their activities of daily living assessments as follows; two low, eight medium and four high dependency. This equated to the majority (71%) of residents as being assessed as having care needs at low to medium dependency level.

There was evidence that there were suitable arrangements were in place to meet assessed needs of residents. On admission, each resident was seen by an "admission nurse" and each residents' healthcare requirements were adequately and regularly assessed by competent nursing staff as required. On admission residents were facilitated to retain access to their GP of preference. There was documentary evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, chiropody and physiotherapy. Each resident had a nursing plan of care in place. The inspector reviewed a random sample of care plans and was satisfied that the system was clearly understood by staff and the general standard of care planning was adequate. There was evidence that each care plan was informed by assessment and reassessment as required. Care plans were completed in consultation with the resident and/or their representative and were supported by a suite of validated assessment tools. In general care plans were person centred, clearly set out the arrangements to meet identified needs as specific to each resident and incorporated interventions prescribed by other healthcare professionals. However, the inspector noted from this sample of care plans reviewed that not all residents' care plans were adequately comprehensive for example a number sections of some care plans were left blank and there were no end of life care plan in one residents' care record.

A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations.

There was a low reported incidence of wounds. The inspector saw that the risk of wound development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented. A validated assessment tool was used to establish for each resident at risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including close monitoring of residents. The resident's right to refuse treatment was respected and recorded and brought to the attention of the relevant GP.

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

Findings:
The centre was well maintained and well organised. Overall the design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. Storage facilities for equipment was adequate. There was a functioning call bell system in place and there was suitable storage for residents' belongings. The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting and colour schemes. The decoration throughout was of a good standard and an ongoing redecoration programme was in place. Heating and ventilation was suitable. Water was at a suitable temperature. Pipe work and radiators were safe to touch. The provider representative outlined significant building works/enhancements that had been completed in the centre since the last inspection. These works included fire safety improvements such as a number of new fire safety exit doors, fire proofing in part of the roof as well as upgrading of the plumbing system throughout the centre. However, as identified in outcome 8 of this report the laundry room/area were not suitable in the design, size and layout. On the day of inspection the laundry room was cluttered, did not contain separate hand washing facilities and did not provide adequate space for the separation of clean and dirty laundry. The inspector formed the view that the size and layout of the laundry room was not adequate as it did not comply with good infection prevention and control practice and posed a risk of cross contamination.

The sitting room was bright and had adequate space and there was a separate dining room adjacent to the kitchen. There was a small, quiet sitting room which was suitable for private meetings. There was a designated smoking room. Staff toilets, changing and storage space was adequate and well maintained. The kitchen was well maintained, well organised and had satisfactory environmental health office reports. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided. The outside areas were well kept with some seating and a number of interesting attractions for residents including a hen house were a selection of different

fowl were kept. The interior of the centre was decorated in a tasteful manner. The reception area, dining room, sitting room, other communal areas and bedrooms were generally homely. A variety of comfortable seating was provided in the day rooms and in the entrance area. Small (but adequate for respite/short stay) personal storage cupboards were provided to residents in their bedrooms. In shared rooms, screening curtains were available to ensure privacy.

Overall the centre met most of the requirements of the National Quality Standards for residential Care Settings for Older People in Ireland. The design and layout of the multi-occupancy bedrooms was adequate to meet the needs of respite residents. There were a sufficient number of assisted toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was in good repair was maintained and stored to a safe standard. Records were maintained of servicing and this record was checked on a daily basis by the receptionist who contacted the appropriate maintenance person. However, there was no bath/assisted bath available in the centre as required by regulation.

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:
Policies and procedures which complied with legislative requirements were in place for the management of complaints. These included an independent appeals process. Complaints could be made to any member of staff and the person in charge was the designated complaints officer. The provider representative was the second person as required by regulation in relation to the monitoring and management of complaints. Residents were aware of the process which was on public display. On review of the complaints log there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. All complaints were reviewed regularly by the quality improvement management group to identify any learning or changes that were required.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
At the time of inspection there were no residents receiving end of life care. Generally there was evidence of a good standard of medical and clinical care provided and the person in charge outline that if required appropriate access to specialist palliative care services would be provided. The inspectors found that staff were aware of the policies and processes guiding end of life care in the centre. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care and were able to describe suitable and respectful care practices in relation to end of life care provision. The inspector noted that families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly as required. There were some facilities to support relatives remain with their loved ones during end-of-life including a room to enable families remain overnight, if required. However, as already referenced and actioned under outcome 11; in relation to the documentation and end of life care not all residents' care plans were adequately completed.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient

and sensitive manner by staff. The dining experience was a social occasion and many residents were seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. Those residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents. The inspector noted that most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with agreed that the food provided was always tasty, hot and appetising. Overall residents were happy with the food provided in the centre and some residents stated that that "the food was really very good/excellent". While some residents also stated "they did put too much food on the plates" and "that the food portion sizes were too big". Food was served from the nearby kitchen by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. The inspector spoke with the chef who outlined how she was knowledgeable about residents dietary need and preferences. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water was available at all times and jugs of water were observed in residents' rooms. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. The inspector looked at the system in place to monitor food intake. The system of recording was found to be consistent/detailed enough to enable meaningful analysis as to the adequacy of intake for at risk residents.

Judgment:
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:
Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to

stay in their room or spend time with others in the communal room. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in each multi-occupancy bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. It was clear to the inspector that residents were treated with respect and staff did know each resident's individual preferences. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Residents choose what they liked to wear and staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards residents. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to staff and/or the person in charge and were assured they would be resolved.

Residents had access to the daily newspaper, a parish newsletter, magazines, books and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events. It was evident to the inspector that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A range of activities were facilitated, for example, live music sessions, story telling, dancing, social evenings, prayers/mass, bingo. The inspector spoke to the visiting art therapist and witnessed fine examples of painted glass works that had been completed by residents. In addition, some residents left the centre to attend a local day centre and maintained their links with these local community services.

The provider representative outlined how the centre had very established links within the local community. The management and governance of the centre was provided by a voluntary board made up mainly of local people. The provider representative outlined that the centre was very well supported by the local community on an on-going basis, particularly in relation to fund raising activities. The person in charge stated that the provider representative visited the centre daily. The person in charge outlined how as the centre was small she was able to actively consult with residents and their representatives each day.

From speaking to residents it was clear that many were able to advocate for themselves and/or with the support of their representatives. The person in charge stated that the centre was looking into the provision of an independent advocacy service however, the person in charge confirmed that residents did not currently have access to an independent advocacy service.

Judgment:
Substantially Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a centre-specific policy on residents' personal property and possessions and from the sample of residents' records reviewed by the inspector; there were records in place of individual resident's clothing and personal items. The inspector noted that some bedrooms had been personalised in the context of residents short stay in the centre. Residents were facilitated to have their own items, such as assisted equipment or furniture and personal memorabilia. Each resident had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes. Locked storage was provided and a further safe was available if required.

Laundry facilities were on-site and all laundry was done in the centre unless the resident wished to send their laundry home. The inspector spoke to the laundry staff member, who was the identified person to manage laundry. The inspector found that this person to be knowledgeable about appropriate procedures in regard to infection control. Residents and their relatives informed inspectors that clothing was well looked after. Residents laundry was well maintained and overall there were appropriate arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. However, the laundry room/area was not suitable in the design, size and layout and this issue was actioned under outcome 12 of this report.

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):
No actions were required from the previous inspection.

Findings:
Residents and relatives spoke very positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes.

An actual and planned roster was maintained in the centre. The inspector reviewed staff rosters which showed that the person in charge was on duty Monday to Friday and there was also an assisted manager to support the person in charge in her role. Nurses were on duty both by day and at night. The inspector observed practices and conducted interviews with a number of staff. The provider representative and the person in charge outlined how a clinical nurse manager had left the centre in December 2016 and both confirmed that they were actively engaged in on-going efforts to recruit a replacement staff. However, both spoke of the difficulties with the recruitment of such staff.

From speaking to the person in charge, staff and a review of documentation; staff appeared to be supervised appropriate to their role and responsibilities. The person in charge discussed staff issues with the inspector and suitable protocols and records were seen to be in place where concerns had been identified. There was an education and training programme available to staff. The training matrix indicated that most mandatory training was provided and a number of staff had attended training in areas such as cardio pulmonary resuscitation (CPR) and elder abuse. However, most but not all staff had completed mandatory training in fire evacuation or fire training, the detection and prevention of and responses to abuse and responding to and manage behaviours that were challenging. These failings were discussed and actioned under outcome 7 and 8 of this report.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were seen by the inspector.

Judgment:
Substantially 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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Dromcollogher and District Respite Care Centre
Centre ID:	OSV-0000415
Date of inspection:	11/04/2017 and 12/04/2017
Date of response:	11/05/2017

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:
To prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 including:
● the arrangements made for dealing with reviews of the resident's care plan referred to in regulation 5
● the arrangements made for consultation with, and participation of, residents in the

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

operation of the designated centre
● the arrangements made for contact between residents and their relatives, friends and/or carers.

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

Please state the actions you have taken or are planning to take:
Statement of Purpose has been amended to reflect the following:
1. Care Plans developed and reviewed on each admission
2. We have identified a suitable advocate and are awaiting their Garda Clearance. Once in place, this will provide a forum where residents can express their opinions on the operation of the Centre.
3. The arrangements in place to ensure residents have contact with relatives, friends and carers.

Proposed Timescale: 15/05/2017

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:
To make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

2. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
A copy of the review is available to residents/visitors at reception.

Proposed Timescale: 15/05/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

3. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
At the time of inspection the Annual Review was in draft form. It has since been completed and a copy is enclosed for review.

Proposed Timescale: 15/05/2017

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned including details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

4. Action Required:
Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

Please state the actions you have taken or are planning to take:
The contract of care has been reviewed and details of the terms and conditions relating to the bedroom occupancy has been included in the contract. A copy of the Contract of Care has been enclosed.

Proposed Timescale: 15/05/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure staff are trained in the detection and prevention of and responses to abuse.

5. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection

and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
All staff have now received Elder Abuse Training.

Proposed Timescale: 15/05/2017

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:
To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to visitors.

6. Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
A risk assessment has been carried out to control accidental injury to residents, visitors and staff (DRC 17) which identified a moderate to major risk

Proposed Timescale: 15/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

7. Action Required:
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
A risk assessment has been carried out to control self-harm (DRC 16) which identified a moderate to major risk.

Proposed Timescale: 15/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including the following:
● unrestricted access to centre had not been risk assessed
● the suitability of the seating in the smoking room had not been risk assessed
● there was unrestricted access to the staff changing room
● the arrangement for the fire safety exit doors from the multi-occupancy bedrooms could be disengaged had not been risk assessed
● the arrangement for the door into the nurses office was unsecured
● there was unrestricted access to the kitchen
● there was unrestricted windows including the window into the clinic room
● the storage of latex gloves and plastic aprons were potentially hazardous to any resident with a cognitive impairment
● the potential risk associated with communal use of slings to be used in the event of a resident requiring the assistance of a hoist had not been risk assessed

8. 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:
● unrestricted access to centre had not been risk assessed
A risk assessment has been carried out (DRC 19) which identified a moderate to major risk.
● the suitability of the seating in the smoking room had not been risk assessed
A risk assessment has been carried out (DRC 20) which identified a moderate to major risk.
● there was unrestricted access to the staff changing room
A risk assessment has been carried out (DRC 21) which identified moderate to major risk.
● the arrangement for the fire safety exit doors from the multi-occupancy bedrooms could be disengaged had not been risk assessed
A risk assessment was carried out (DRC 22) which identified a moderate to major risk.
● the arrangement for the door into the nurses office was unsecured
A risk assessment was carried out (DRC 23) which identified a moderate to major risk.
● there was unrestricted access to the kitchen
A risk assessment was carried out (DRC 24) on restricting access to the kitchen. It identified a moderate to major risk.
● there was unrestricted windows including the window into the clinic room
The windows have been risk assessed (DRC 25) and identified as a moderate to major risk.
● the storage of latex gloves and plastic aprons were potentially hazardous to any resident with a cognitive impairment
Risk Assessment was carried out on the latex gloves and plastic aprons (DRC 26) which identified an extreme/high risk. It identified a hazard for residents with Cognitive

Impairement.
● the potential risk associated with communal use of slings to be used in the event of a resident requiring the assistance of a hoist had not been risk assessed
The communal use of slings has been risk assessed (DRC 27) which identified moderate to major risk.

Proposed Timescale: 15/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

9. Action Required:
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

Please state the actions you have taken or are planning to take:
A risk assessment on the control of abuse was undertaken (DRC 14) rating the risk as Extreme.

Proposed Timescale: 15/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

10. Action Required:
Under Regulation 26(1)(c)(ii) 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 unexplained absence of any resident.

Please state the actions you have taken or are planning to take:
A risk assessment has been undertaken to control the unexplained absence of any resident (DRC 15) which identified a moderate to major risk.

Proposed Timescale: 15/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure, by means of fire safety management and fire drills at suitable intervals, that all the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire including the actions taken and/or outcomes of such fire drills that are documented to ensure learning from fire drills and any resulting improvements.

11. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
A risk assessment has been carried out on fire safety (including drills); (DRC 18), which identified an extreme risk.

Proposed Timescale: 15/05/2017

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:
To prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre and ensure that all residents' care plans were comprehensive including end of life care plans.

12. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
We have a very comprehensive assessment and Care Plan process in operation, which is completed on admission to the Centre and any relevant additional information acquired thereafter is added to the Care Plan. However staff were not aware of their responsibility to document within the Care Plan cases where a resident refuses to give information. Since the inspection, the PIC has made all staff aware of the importance of accurate documentation within the Care Plan, especially in the event of a resident refusing to give information. Regular audits of the Care Plans will be conducted to ensure correct documentation practises are being carried out.

Proposed Timescale: 15/05/2017

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:
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 including the provision of suitable laundry facilities and a bath in the centre.

13. 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 feasibility study is currently being carried out to assess the options available to us – to either outsource our laundry or to build a new facility with adequate space for separating laundry. We propose to have a new laundry service in place by April 2018, funding permitting.

A bath will be re-instated by end of August 2017

Proposed Timescale: April 2018 (Laundry) August 2017 (Bath)

Proposed Timescale: 30/04/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident has access to independent advocacy services.

14. Action Required:
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

Please state the actions you have taken or are planning to take:
An advocate has been appointed – we are awaiting Garda Clearance from abroad to enable her to take up her post.

Proposed Timescale: 28/07/2017

Outcome 18: Suitable Staffing
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** To ensure that staff have access to appropriate training including hand hygiene and infection prevention and control. **15. Action Required:** Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training. **Please state the actions you have taken or are planning to take:** Hand hygiene education was carried out in January 2016, with a follow up study day this year on the 27th February. All staff could not attend this course, however by September 2017 all staff will have completed the course as we are planning an additional study day.
Proposed Timescale: 15/09/2017