<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Conna Nursing Home</th>
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<tbody>
<tr>
<td><strong>Centre I D:</strong></td>
<td>OSV-0004447</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Conna, Cork.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>058 59 876/59 888</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:connanursinghome@gmail.com">connanursinghome@gmail.com</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Conna Nursing Home Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Pat Beecher</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Mary O'Mahony</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>48</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: To:
30 March 2017 11:00 30 March 2017 18:45
31 March 2017 09:15 31 March 2017 16:45

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection

This inspection of Conna Nursing Home, by the Health Information and Quality Authority (HIQA), sets out the findings of a thematic inspection, which focused on specific outcomes, relevant to dementia care. The inspector followed the experience of a number of residents with dementia from their admission to the centre, up to the days of inspection. The centre was located in a quiet rural setting near to the village of Conna. Large windows in the centre afforded a lovely view of the spacious, well laid out, gardens. The inspector observed care practices and interactions, between staff and residents who had dementia, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars, organised by HIQA. In addition, evidence-based documentation was developed, to guide providers on best practice in dementia care and on the dementia inspection process. The person in charge had completed the provider self-
assessment tool on dementia care and forwarded this to HIQA, prior to the inspection. On the day of the inspection there were 48 residents in the centre and there were two vacant beds. The person in charge had stated that over 55% of residents had been diagnosed with dementia and a number of other residents had cognitive impairment.

As part of the dementia thematic inspection process, the inspector met with residents, visitors, the person in charge, her deputy, the clinical nurse manager (CNM) and staff with various roles. The inspector observed practices and reviewed documentation, such as, care plans, medical records, financial records and policies. A number of staff files and residents' files were checked for relevant documentation. The inspector found the premises, fittings and equipment were of a high standard. The centre was noted to be very clean and well maintained. The inspector observed that there were opportunities for private and communal relaxation provided by the provision of sitting areas which included a spacious library, oratory, sitting room, dining room and hall seating. The person in charge informed inspectors that she worked in the centre on a daily basis and was fully involved in leading care and supervision of staff. All areas of the centre were found to be easily accessible to residents, relatives and staff. Residents dined and interacted together, providing an environment that promoted wellbeing. Overall, the inspector found that the person in charge and staff provided an inclusive service for residents with dementia, who resided there.

However, some actions were required to be addressed, to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016. These improvements included: care planning, staff training and staff files.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
The inspector observed that for residents with dementia care plans were updated at regular intervals at least four monthly. In the sample of care plans reviewed the inspector found that evidence-based, risk assessment and evaluation tools were in use for residents. Residents' medical and nursing assessments were included in their nursing notes and these were updated, as required. Residents had a choice of general practitioner (GP) and pharmacist. The inspector found that care plan evaluations had been discussed with residents and these reviews were signed where possible by residents involved. Multidisciplinary team access was readily available, for example, speech and language therapist (SALT), chiropody, physiotherapy, palliative, psychiatric, dental and dietician expertise.

There was a variety of social events and activities in the centre. Residents with dementia were seen sitting in the hallway and in the sitting room chatting and socialising with family members and other residents. Residents' health was promoted by a wholesome and balanced diet and each resident's health status was monitored by the use of the MUST (malnutrition universal screening) tool and monthly weights. The inspector observed that residents were encouraged to maintain their independence, whenever possible. For example, residents were seen walking around the building unaided and being supported to go outside. They spoke with inspectors about the choices available to them on a daily basis. Activities and events were further discussed under Outcome 3: Residents, rights, dignity and consultation.

The chef presented a varied menu daily and meals were observed to be well presented. Tables were nicely laid out with suitable cutlery and fresh flowers. Residents sat at the tables for their meals and at one meal time seven health care attendants were seen supporting residents in a discreet and professional manner. The person in charge stated that one staff member was employed as a dining room supervisor which greatly enhanced the dining experience.

End of life care was supported by staff training and individualised care planning. The inspector observed that a number of residents had recorded their end of life wishes. The
inspector spoke with the person in charge about some ambiguity in the recording of the wishes of one resident. She undertook to address this with the resident and the resident’s family, if appropriate.

Medicines management processes were seen to be well managed for residents with dementia. Nursing staff were afforded the opportunity to update training in medicines management. The inspector saw that medicines for residents with dementia particularly psychotropic medicines were reviewed on a regular basis and reduced, when appropriate. The pharmacist was involved in audit and these records were viewed by the inspector.

However, the inspector found that records of a resident's care needs in relation to pressure area care required under Schedule 3 Part (4) (k), were not maintained in an accessible and clear manner. For example, historical records were maintained in the current care plan involving 33 pages of documents. The person in charge informed the inspector that all care plans were currently being reviewed and were being updated by named key nurses who were responsible for each resident's care planning documentation. The person in charge stated that she had planned to audit care plans to evaluate progress.

In addition, a notification of a resident's absconson had not been made to HIQA and a record of the notification had not been maintained, as required under Schedule 4 Part 7 (1) (g).

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Staff, with whom the inspector spoke stated that they were knowledgeable of the types of abuse that could occur and they were aware of their reporting responsibilities.
Training in the prevention of elder abuse and in safeguarding vulnerable older adults was undertaken on a yearly basis by staff. Residents’ finances were carefully managed.
Since the previous inspection the training log was now maintained in a clear manner.
The person in charge informed the inspector that she was working on addressing these issues since her appointment last year.

Residents who exhibited changes in their behaviour associated with the behaviour and
psychological symptoms of dementia (BPSD), had plans of care in place to guide staff in supporting the residents. A number of staff were trained in understanding BPSD and were knowledgeable of de-escalation techniques. However, not all staff had received this training. The inspector found that a further group of staff were scheduled for this training in the near future.

A restraint log was maintained for residents with dementia who required bed rails and lap belts. Consent forms were signed for the use of such restraints. Inspector found that chemical restraint was rarely used for residents with dementia and the use of bedrails was reviewed on a regular basis. For example, one resident had recently had his bed rail removed and was under supervision as to the success of this intervention.

However, not all staff employed in the centre had the required Garda Vetting in place in their staff files. This was addressed under Outcome 6: Staffing.

**Judgment:**
Substantially Compliant

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

**Theme:**
Person-centred care and support

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

**Findings:**
The person in charge informed the inspector, that residents with dementia were enabled to make choices and maintain their independence. There were opportunities for all residents to participate in activities which suited their assessed needs and interests. The inspector reviewed the minutes of residents' meetings and noted that any concerns raised were attended to. The inspector reviewed resident surveys results, which were generally positive, about all aspects of care. Residents were seen to be consulted at meal times and they informed the inspector that there was choice at each meal.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with how they were enabled and encouraged, to walk around the communal areas. The person in charge stated that she met with residents and relatives on a daily basis. Staff were seen to communicate in a respectful and friendly manner. Televisions were located in all bedrooms and in the communal rooms. Information on local events was provided by the activity co-ordinator who was heard discussing topical issues, such as, recent national events with residents.

Residents' requests were prioritised when planning activities and excursions. There were photographs on display, which had been taken at events both inside and outside the centre. Visitors were unrestricted and there were a number of sitting areas, where
residents could meet visitors in private. Visitors were observed spending time with residents in the dining, in the bedrooms and in the comfortably furnished sitting room. There was a variety of activities available to residents which were organised and facilitated by the activity staff members, including, T'ai-chi, baking, aromatherapy, music, religious activity, reminiscence and Coffee mornings, among others. The inspector spoke with the activity co-ordinator, who stated that residents, who had been diagnosed with advanced dementia or cognitive impairment, had access to one to one interaction. Activity staff members spent time with these residents, facilitating for example, music sessions, hair dressing, religious services, hand massage and Sonas. Documentation to this effect was seen in residents' care plans.

Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy signs were in place on all bedroom and bathroom doors. Residents had a section in their care plan that covered communication needs and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia. Innovative ideas and motivational strategies were employed to promote good practice and person-centred care. For example, each resident had a social care and activity plan in place, which emphasised the importance of social development and involvement, for all residents. In addition, the activity co-ordinator had developed a monthly and yearly report on the social care of residents. A selection of photographs were on display entitled, 'moment of the month', involving a resident or staff member. In addition, the person in charge informed the inspector that different staff were rewarded, for thoughtfulness, on a monthly basis.

At various times during the inspection, the inspector used a validated observational tool to rate and records at five minute intervals the quality of interactions between staff and residents in the two units. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room area. Each observation lasted a period of 30 minutes during which time the inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room area the observing inspector noted that interactions were positive and meaningful. The staff members interacted with residents in a calm and relaxed manner. Residents were referred to by name. Staff members engaged in social conversation and encouraged residents to respond according to their abilities and capacity. The atmosphere was social and inclusive. Residents were seen to be enjoying the music activity and they were served tea during the event. Drinks were provided and residents were supported with supplementary drinks during the period of observation. Song books were available which residents were seen to use to enable them to join in familiar songs. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.

Further observation periods were undertaken during the second day of the inspection. All residents were addressed by name and they were seen to be engaged in a happy and cheerful way with the two staff who were leading the music activity. Residents were seen to be familiar with the routine of the session and this familiarity seemed to increase their confidence. Residents communicated effectively with staff and with each other. The inspector observed that the wellbeing which was promoted during the activity extended beyond the time frame for the session. Staff came to the sitting room with a
selection of drinks, biscuits and cakes which were enjoyed by the group. This added a homely and social dimension to the event. Some residents were heard to reminisce about their childhood music and dancing experiences, their experience of school and their families. Staff and residents engaged in social conversation and gentle banter. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. The inspector found that the majority of interactions during the 30 minutes observation periods involved positive connective care.

A third observation period was undertaken, while residents were waiting to be accompanied to the dining room, at tea-time. The inspector observed that, a number of residents required the use of a hoist, to transfer from their chairs to wheelchairs. These hoists were seen to be in use, in view of all other residents and a number of visitors. In addition, residents were required to wait in the wheelchairs for a while, until staff were available to wheel them, to the dining room. The inspector observed that residents were moved, on most occasions, without being informed of this. In addition, where slings, required for the hoist, were being placed behind residents, staff failed to tell the residents what they were about to do. The inspector found that the majority of interactions at this time, involved task-orientated and neutral care.

The inspector observed that notices were on display, which indicated that residents and their representatives were provided with contact information for advocacy services.

**Judgment:**
Non Compliant - Moderate

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
The inspector viewed the policy and procedure for making investigating and handling complaints. The complaints process was displayed at the entrance to the centre. The name and contact details of an independent appeals person as well as contact details for the ombudsman were made available.

The inspector reviewed the complaints log and found that complaints were responded to promptly. The person in charge stated that all concerns and small complaints were documented in the interest of transparency, learning and for accessibility of records on inspection.

**Judgment:**
Compliant
### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Residents and relatives informed the inspector that staff were kind and approachable. A staff appraisal system was undertaken for all staff. Since the new person in charge had taken up her role there was an effective induction system in place for new staff. The majority of staff had received training in the prevention of elder abuse, in moving and handling techniques and in fire safety. However, not all staff staff members had yet been afforded appropriate and mandatory training, for example, annual fire training and training in manual handling.

There was a clear management structure in place. Staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision. The inspector spoke with a number of staff members during the two day inspection. They were found to be knowledgeable of residents' needs and the responsibilities of their respective roles in relation to caring for people with dementia. The inspector reviewed staffing rotas, staffing levels and skill mix, which correlated with the information provided by the person in charge.

Registration details with An Bord Altranais agus Cnaimhseachais na hEireann were available for nursing staff. However, the inspector found that a sample of staff files reviewed did not contain the regulatory documents required under Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013. For example, not all staff had references on file and, in addition, a number of staff did not have Garda Vetting (GV) in place prior to taking up employment in the centre as required by law. The person in charge provided written assurance to HIQA that any staff member who did not have the required GV would not be rostered to work in the centre until this documentation had been received.

**Judgment:**
Non Compliant - Major

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### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre was a purpose-built single storey building and it was furnished and decorated to a high standard. It had a spacious entrance foyer with large picture windows which added to the sense of space and brightness. There were three corridors of bedroom accommodation in the centre, Douglas suite, Aghern suite and Castle suite. Landscaped gardens and courtyards with suitable seating were available for residents’ and relatives’ use.

The kitchen was clean and well stocked. There was a large communal sitting room in which activity staff members were seen to be engaged with groups of residents throughout the inspection. The comfortable library in the centre was furnished with tables, bookshelves and suitable armchairs. The hairdressing salon was availed of weekly by residents. Closed circuit TV (CCTV) cameras were installed in the corridor areas. This practice was supported by signage and an up-to-date policy.

While most of the bedrooms in the centre were single occupancy there were a number which were double occupancy. Some bedrooms had a shared ‘en-suite type’ bathroom. The inspector observed that two of the double bedrooms were small. In one of these rooms the provider had ordered smaller lockers which were now located next to each bed for residents' convenience. However, one of the other two-bedded rooms was occupied by two residents who required the use of a sling hoist for transfer from bed to chair. Staff stated that there was limited space to attend to these residents' needs. Each bed had to pull out from the wall when residents were being attended to by the required two staff members. In addition, as these residents required the use of large specialised chairs staff stated that the lack of space to manoeuvre these when getting residents out of bed was a challenge. The inspector formed the view that residents' privacy and dignity was compromised in these rooms as there was limited space for visitors and belongings. Residents were required to share a wardrobe in these rooms. However, staff informed the inspectors that as the two residents spent the majority of their time out of bed the impact of the space restriction was lessened. On the two days of inspection the residents were seen to spend time in the sitting room and dining room of the centre.

Sluice rooms, linen rooms and communal toilet areas were clean and well maintained. At the time of inspection upgrading of furniture and internal painting had commenced in the centre. The person in charge also outlined the plans to wallpaper specific walls and said that extra colourful signage had been ordered to support orientation for residents with dementia. The maintenance manager stated that the external pathways were also being attended to this year as there were a number of residents who liked to walk outside independently in the secure garden area. This garden area was furnished with suitable garden furniture and plants.

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:**

Mary O’Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
**Provider’s response to inspection report**

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<tbody>
<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>30/03/2017</td>
</tr>
<tr>
<td>Date of response:</td>
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**Requirements**

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

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

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ensure that residents’ end of life wishes are accurately recorded.

**1. Action Required:**
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably achievable.

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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:

We are presently reviewing residents' end of life care plans and have introduced an Advanced End of Life Care Guideline for each individual ensuring person centred appropriateness at all times with regard to individual preference at this time.

Proposed Timescale: 31/07/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of a resident's care needs in relation to pressure area care, required under Schedule 3 Part (4) (k), were not maintained in an accessible and clear manner as required.

In addition, a notification of a resident's absconsion had not been made to HIQA and a record of the notification had not been maintained, as required under Schedule 4 Part 7 (1) (g)

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

Please state the actions you have taken or are planning to take:
Staff Nurse care planning meeting held and all residents files are presently being updated and surplus documentation filed in the appropriate archived cabinet to be held on the premises for 7 years.
NF 05 completed and forwarded on April 4th last in relation to above absconsion

Proposed Timescale: 31/07/2017

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of staff had yet to attend training in updating their knowledge and skills in behaviour that challenges and de-escalation techniques for such behaviour.

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

Please state the actions you have taken or are planning to take:
Staff training matrix ongoing presently and mandatory training bi-monthly in progress within the home
Behaviour that Challenges Training will be bi-monthly until all staff trained and upskilled in same as per regulatory requirements

Proposed Timescale: November / December 2017

Proposed Timescale: 31/12/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of sling hoists and standing hoists did not protect residents privacy and dignity as this was carried out in a communal sitting room where other residents and visitors were present.

4. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Residents requiring transfer to their chosen seating via hoist have been assessed for individualised specialised seating x 2 independent seating companies on March 29th last, and also HSE O.T has assessed residents to ensure dignity and privacy is protected.
New individualised slings ordered.
In the interim, privacy screen in use when hoisting residents.

Proposed Timescale: September /October 2017

Proposed Timescale: 31/10/2017

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff did not communicate effectively, with residents who had dementia, when transferring residents by hoist, to wheelchair, and when moving the residents, on wheelchairs, into the dining room.
5. **Action Required:**
Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

**Please state the actions you have taken or are planning to take:**
Communication policy being distributed to all staff and discussed at staff handover. Person centered dementia training underway since last December on a monthly basis to ensure all staff aware of the importance of communicating with all residents with a dementia and with full capacity. Residents’ care plans being updated to ensure appropriate communications needs are met. 2 dining sittings introduced at lunch time to ensure a pleasant appropriate dining experience for all residents.

**Proposed Timescale:** 31/12/2017

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff had not been afforded appropriate and mandatory training: for example fire training, training in managing behaviour associated with BPSD and manual handling training.

6. **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:**
All staff have access to mandatory and appropriate training in the home. Monthly training underway since December 2016 ensuring all staff will be upskilled and maintain adequate training as per the regulatory requirements. Weekend fire training available for relief staff.

**Proposed Timescale:** 31/12/2017

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**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The records required under Schedule 2 for all staff, for example, Garda Vetting and references for staff were not in place.

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

**Please state the actions you have taken or are planning to take:**
All staff in the nursing home now have Garda vetting and new staff will commence employment on receipt of completed of garda vetting as per regulatory requirement

Proposed Timescale: ongoing

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The space provided in one of the two-bedded rooms was not appropriate to the needs of residents, in that room.
In addition, these residents shared a wardrobe and there was insufficient room for two bedside chairs and any extra items of furniture and personal belongings, in the room.

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

**Please state the actions you have taken or are planning to take:**
Residents individualised seats are now being stored elsewhere and the room is being assessed for built in wardrobe around one bed to allow for individual personal storage space

Proposed Timescale: 01/12/2017