Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Community Nursing Unit Abbeyleix
Centre ID:	OSV-0000527
Centre address:	Ballinakill Road, Abbeyleix, Laois.
Telephone number:	057 873 1204
Email address:	cho8.socialcare@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 August 2017 10:00	28 August 2017 18:00
29 August 2017 09:00	29 August 2017 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA). In total 12 questionnaires were returned. Questionnaires were mainly positive, with respondents stating they were happy with the service provided and were aware of the complaints' process although all said they never had to make a complaint. Many residents stated they felt safe in the centre with one resident describing it as home from home. Relatives commented that they were always made welcome and that staff were caring and professional.

The Community Nursing Unit, Abbeyleix provides long and short term care for 20 people. The overall atmosphere was homely, comfortable and in keeping with the assessed needs of the residents who lived there.

The quality and safety of care delivered to residents was monitored and developed on an ongoing basis. An effective organisational structure was in place. An annual review of the quality and safety of care delivered to residents was completed. However this had not been made available to residents as required by the regulations.

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents in the event of fire. Some improvement was required however to ensure that complete hazard identification and assessment of risks was carried out. The emergency plan also required more detail.

Measures were in place to protect residents from being harmed or abused. Restraint management was in line with national guidelines. Systems were in place to care for residents who exhibited responsive behaviours.

There were appropriate staff numbers and skill mix to meet the health needs of residents. However arrangements to meet each resident's assessed needs were not consistently set out in individual care plans. In some cases specific care plans were not in place to guide practice which could impact on the continuity of care.

Several volunteers attended the centre and provided very valuable social activities which the residents said they thoroughly enjoyed and appreciated. However Garda Síochána (police) vetting was not in place nor were their roles and responsibilities were set out in writing. In addition, there was no acceptable evidence of garda vetting on the staff files reviewed.

Improvement was also required to one aspect of medication management.

These are discussed further in the report and included in the action plan at the end.

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

Outcome 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 inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the service provided in the centre. It had recently been updated to reflect changes in the organisational structure.

Judgment:
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 was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. An effective organisational structure was in place.

An annual review of the quality and safety of care delivered to residents was completed.

However this had not been made available to residents as required by the regulations.

Audits were completed on several areas such as incidents and medication management. Resident satisfaction surveys were also completed on an annual basis. The inspector saw that these were analysed and where necessary action plans were put in place to address any issues identified.

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 is a registered nurse, has the required experience in nursing older people and worked full time in the centre.

The person in charge had maintained her continuous professional development having previously completed courses including in communication, leadership and business planning. She continues to attend clinical courses such as infection control and medication management.

During the inspection she demonstrated his knowledge of the regulations and the standards and outlined plans in place to further improve the service.

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:
This outcome was not inspected at this time. Action required relating to staff files, discussed under Outcome 18, is included her.

On reviewing four staff files the inspector could not find acceptable evidence that Garda Síochána (police) vetting was in place for staff.

Judgment:
Non Compliant - Moderate

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:
The provider was aware of the regulatory requirement to notify HIQA should the person in charge be absent for more than 28 days. To date this had not been necessary.

Either one of the two clinical nurse managers (CNM) deputises for the person in charge in her absence. The inspector interviewed the CNM on duty during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

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 measures were in place to protect residents from being harmed or abused.

There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff had received training on identifying and responding to elder abuse. Additional training was scheduled in the weeks following inspection. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Although not currently required, the inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Staff spoken with were very familiar with appropriate interventions to use. The inspector saw that additional support and advice were available to staff from the psychiatric services.

Improvement continues around the use of bedrails and usage was now low. Appropriate risk assessments were undertaken. There was documented evidence that various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds and crash mats had also been purchased to reduce the need for bedrails. Safety checks were completed when bedrails were in use. Detailed care plans were in place which provided sufficient guidance to staff.

Administration staff managed monies on behalf of some residents. The inspector reviewed this process and found that it was sufficiently robust. External and internal audits were regularly carried out. The centre currently does not act as a pension agent for any resident.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents in the event of fire. Some improvement was required however to ensure that hazard identification and assessment of risks was carried out on all potential risk areas. The emergency plan also required more detail.

The inspector noted that the doors to the sluice rooms were unlocked. Some chemicals were in use in these rooms. This posed both an infection control risk and safety risk to residents. The inspector noted that these risks were not included in the risk register and no controls were in place.

There was an emergency plan in place. However the inspector found that it did not contain sufficient detail to guide staff in the event of emergencies such as loss of heat or water. Alternative accommodation for residents was specified should evacuation of the premises be necessary.

Adequate fire safety procedures were in place. The fire alarm system and equipment had regular servicing. Fire drills were carried out on a regular basis. The inspector noted that the fire alarm system was in order and fire exits, which had daily checks, were unobstructed. Staff spoken with were aware of the procedure to follow in the event of a fire.

All staff had attended fire training which was provided on a regular basis throughout the year.

All staff had attended the mandatory training in moving and handling. Hoists and slings were available and servicing records were up to date.

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

Findings:

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around one medication management practice.

Some residents required medication as and when required (PRN). It was noted at the previous inspection that nurses were administering the medication even though the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. The inspector found that this was still the case in a small number of medication records reviewed.

Otherwise the inspector found evidence of safe medication management practices. Additional efforts were underway to further reduce the risk of medication errors. New prescription and administration kardex were in use. Medication cabinets had recently been purchased for each resident. They were delivered to the centre at the time of inspection and were being secured beside each resident's bed. Each resident's medication will be stored and dispensed from these. This will be particularly useful as this centre provides mainly respite services to the local community so there is a frequent changeover of residents.

No resident was currently using medications that required strict control measures (MDAs). The inspector reviewed the process in place and was satisfied that when required these medications were carefully managed and kept in a secure cabinet in keeping with professional guidelines.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection.

The inspector also noted that pharmacy services were now available in the centre and provided advice and support to staff and residents in addition to their involvement in reviews and audits.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in individual care plans.

The inspector reviewed a sample of care plans and saw that in some cases specific care plans were not in place to guide practice which could impact on the continuity of care.

The inspector reviewed the management of wounds and saw that although a resident had a small wound there was no care plan in place to guide the care to be provided or dressing choice. Similar gaps were also noted in care plans regarding the management of other issues such as high blood pressure and diabetes.

It was also noted that while some care plans were in place they were being implemented in practice. For example one care plan stated that because of their medical condition, fluids were to be restricted. Therefore the fluid intake needed to be recorded. However this was being carried out.

All of these issues were discussed in detail with the person in charge and CNM..

The inspector found that care plans were reviewed on a regular basis after consultation with residents or if appropriate, their relatives.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, occupational therapy (OT) and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The Community Nursing Unit, Abbeyleix, is now a 20 bedded facility set in mature grounds. It is a two storey building but all resident accommodation is on the ground floor. It provides long and short stay care and consists of 8 twin and 4 single rooms.

As described after the previous inspection, the bedrooms were spacious and comfortable and had bright, fresh curtains and bed linen. Because many of the residents were in for respite care only, and therefore had limited opportunity to personalise their rooms, the staff had made deliberate efforts to make all rooms homely and comfortable with the use of pot plants, pictures and memorabilia.

The inspector found the premises visibly clean and well maintained. Adequate provision was made for the safe storage of equipment. Adequate toilet and shower facilities were available.

Circulation areas, toilet facilities and shower rooms were appropriately equipped with hand-rails and grab-rails. The inspector noted that contrasting colours were now evident in the toilet facilities. Call bells were in place.

Some appropriate signage in word and picture format was available at eye level height throughout the centre. The inspector noted that the planned renovations to the front foyer had been completed and now residents could see what was happening out front while the premises remained secure. The heavy wooden doors can now be left open during daylight hours because the internal doors were secured. This also had the effect of making the centre more welcoming and providing shelter for visitors on arrival.

Following the dementia specific thematic inspection the action plan submitted stated that toilet doors would be painted with contrasting colours to aid orientation. This was not completed within the agreed timescale. Other agreed improvements such as changes to the day room were also not completed.

Adequate arrangements were in place for the disposal of general and clinical waste. Maintenance contracts were in place for equipment in use.

There is a secure internal garden with a water feature and seating areas. In addition there are extensive well maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building.

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:
Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped.

There was a reasonable amount of space for residents' possessions including a lockable space. Residents spoken with confirmed that they were happy with the service provided.

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:
The inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents having regard for the size and layout of the centre. However improvement was required to ensure that all staff and volunteers were vetted in accordance with national guidelines and legislation.

The inspector read a sample of staff files and noted that appropriate evidence was not

available that Garda Síochána (police) vetting was in place. Action required from this is included under Outcome 5.

Several volunteers attended the centre and provided very valuable social activities which the residents said they thoroughly enjoyed and appreciated. The inspector noted that garda vetting was not in place nor were their roles and responsibilities set out in writing as required by the regulations.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Systems were in place to provide relief cover for planned leave although the inspector saw that unplanned leave was difficult to cover occasionally. Up to date registration numbers were in place for nursing staff.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on bereavement, dementia care, hand hygiene and infection control.

Residents spoken with were very complimentary about the staff. One resident said she never feels alone while another said that staff treat her like a lady. Another resident said that there was always a friendly face to greet you.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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:	Community Nursing Unit Abbeyleix
Centre ID:	OSV-0000527
Date of inspection:	28/08/2017 and 29/08/2017
Date of response:	13/09/2017

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review was not made available to residents as required by the regulations.

1. 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.

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

Please state the actions you have taken or are planning to take:
The annual review is now available for residents.

Proposed Timescale: 13/09/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In the staff files reviewed, evidence was not available that Garda Síochána (police) vetting was in place.

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:
I have contacted the Data Controller for the area and he advises as follows;
• Disclosures for 3 staff members have been submitted to HIQA on the 30/08/2017.
• Regarding the application re-vetting of 1 staff member, subject to receiving/completing the online application process, it will take 15 working days to process.

Proposed Timescale: 30/09/2017

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:
The sluice rooms which are high risk areas were unlocked. Some chemicals were in use in these rooms. These potential risks had not been identified by the centre.

3. 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:
Potential risks are identified and risk assessments are now completed

Proposed Timescale: 13/09/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan did not provide sufficient detail to guide staff.

4. Action Required:
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:
The emergency plan has been reviewed and updated with further details added to ensure that there is a plan in place to deal with all possible non-medical emergencies.

Proposed Timescale: 13/09/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The sluice rooms which are high risk areas for infection were unlocked.

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

Please state the actions you have taken or are planning to take:
The sluice rooms now have keypad locks in place.

Proposed Timescale: 13/09/2017

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents required medication as and when required (PRN). Nurses were administering the medication even though the maximum dose that could safely be

administered in a 24 hour period was not consistently recorded.

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

Please state the actions you have taken or are planning to take:
All PRN medications clearly state a maximum dosage to be administered within a 24 hour period.

Proposed Timescale: 13/09/2017

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:
In some cases specific care plans were not in place to guide practice.

7. 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:
Each care plan has an individualised plan of care that is specific in guiding practice and ensuring continuity of care.

Proposed Timescale: 13/09/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some care plans were not being implemented in practice.

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

Please state the actions you have taken or are planning to take:
Care plans have been reviewed to ensure that all identified plans of care are in place.

Proposed Timescale: 13/09/2017

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:
Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

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

Please state the actions you have taken or are planning to take:
1. Toilet doors will be painted blue
2. A fireplace is to be fitted in the sitting room

Proposed Timescale:
1. 30/09/2017
2. 31/12/2017

Proposed Timescale: 31/12/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The roles and responsibilities of volunteers were not set out in writing.

10. Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
A policy is now in place defining the roles and responsibilities of volunteers.

Proposed Timescale: 13/09/2017

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Garda vetting was not in place for volunteers.

11. Action Required:
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
All volunteers will have Garda vetting in place

Proposed Timescale: 31/10/2017