

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	OSV-0000569
Centre address:	Mail Road, Dingle, Kerry.
Telephone number:	066 915 0350
Email address:	dch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ber Power
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	8

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:
02 August 2017 12:15	02 August 2017 18:00
03 August 2017 09:00	03 August 2017 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection that focused on six specific outcomes relevant to dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process.

The inspection was unannounced and took place over two days. The inspector was available to speak with residents and relatives during the inspection, some of whom came and spoke individually with the inspector. Staff were observed in the conduct of their daily duties and the inspector discussed with them their understanding of the

needs of residents. The inspector also met with the person in charge, clinical nurse managers, nursing, care and support staff. Just over twenty of the forty six residents at the centre at the time of inspection had either a confirmed diagnosis of dementia or were presenting with the symptoms of cognitive impairment. While the centre did not have a dementia specific unit, where residents with a dementia diagnosis were accommodated exclusively, it did have a unit with a dementia focus, where all residents with a current diagnosis were accommodated with other residents. The person in charge confirmed that the centre was well supported by the services of both medical and allied healthcare professionals. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector also observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The centre was operated by the Health Service Executive (HSE). Care was directed through the person in charge, with accountability to a nominated representative of the company. The provider had submitted a completed self-assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The self-assessment compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016. The self-assessments are referenced in the respective outcomes of the inspection. Overall, the inspection established a very good level of care for all residents with appropriate provisions in place to meet the specific needs of residents with dementia or a cognitive impairment. Some areas for improvement were identified in relation to documentation, training and vetting requirements, for example. These issues are outlined in the relevant outcomes of the report. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. The person in charge was present throughout the inspection and both staff and management were responsive in providing information as requested. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection.

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):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

Management confirmed that the centre continued to be well resourced with services available to support the needs of all residents in relation to health and social care. These circumstances were consistent with those assessed on previous inspection. While there was no dementia specific unit in the centre, and care for residents with dementia or a cognitive impairment was integrated throughout, the service did provide care focused on the needs of these residents in one unit of the centre. An admissions policy was in place and pre-admission assessments were undertaken by an appropriately qualified person. Residents underwent a further full assessment within 48 hours of admission. Care plans were developed in line with these admission assessments and included relevant information about the residents' health, medication and communication needs. A sample of care plans, for residents with a cognitive impairment or diagnosis of dementia, was tracked during the inspection. These care plans were maintained in hard copy format, they contained documented records of consultation with families and residents as appropriate. Nominated nursing staff had responsibility for the oversight and monitoring of care plans for designated individuals. Relatives who met inspectors during the course of the inspection also confirmed that they were consulted and kept informed of their relative's care. Pharmaceutical services were available both on-site and locally. Provisions were in place for residents to have regular access to eye care and dental checks and services. Consultancy services in relation to both gerontology and psychiatry were available and the centre provided access to health related services on-site such as physiotherapy, speech and language therapy and occupational therapy.

Residents' needs were assessed across a range of domains of care that included daily activities, such as mobility, eating, drinking, sleeping and personal care. Standardised assessment tools were used to inform a plan of care that directed staff on how to ensure the needs of residents were appropriately met. Care plans were seen to be individualised and daily narrative notes accurately reflected the circumstances of the

resident. Moving and handling charts were in place. Mobility care plans recorded the number of staff required to provide assistance, and any specialist equipment required, such as a hoist. Wound management plans of care were in place that included photographic monitoring. Consent forms had been completed as required. Nursing staff were able to describe the individual circumstances of residents with wound care plans in place, and also any arrangements for managing pain. The centre also had access to the services of a tissue viability nurse. Particular consideration around needs in relation to food and nutrition were evident where residents had a wound or issue with skin integrity.

Policies and procedures were in place that provided guidance to staff on the management of care in relation to resident needs around nutrition and hydration. Residents with difficulty eating or swallowing had been assessed by a speech and language therapist and dietician as necessary. Related plans of care were in place for these residents that provided specific instructions on how a resident should be assisted, or positioned, for example. Care plans also set out how the consistency of food and drink should be modified. Staff with responsibility for preparing and serving meals and drinks had received appropriate training on how to comply with these care plans. Catering staff spoken with confirmed that communication systems were in place to ensure that staff preparing meals did so in keeping with appropriate instructions and guidance. Residents were encouraged to eat independently where they could. Menus were regularly rotated and offered good choice and appropriate nutritional balance. The inspector observed that the presentation of meals was appetising. Where specialised utensils were being used, they were appropriate to the needs of the resident. Residents had regular access to snacks and refreshments and these were seen to be offered, and made available, on a regular basis in the course of the inspection.

The inspector discussed training and care planning development around end of life with nursing staff. A training programme was in place and there was evidence that advanced care directives were being developed in the resident records reviewed. These included evidence of bereavement planning and communication with relatives. The service had effective access to a palliative care unit and pastoral care was provided as required. Religious preferences could be accommodated and there was an oratory on site for use by residents and relatives as needed.

Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. A member of nursing staff demonstrated practice around the storage and monitoring of medicines, including controlled drugs. Prescription and administration records for residents included a photograph and other biographical information as required. Times of administration were recorded and signed as necessary. The maximum daily dosage for PRN medicine (taken only as the need arises) was recorded. Compliance aids were in place for reference by administering staff. A signature bank of prescribing staff was in place for reference. The administering nurse explained that, where residents had a cognitive impairment, practice was to explain to the resident that they were about to be given their medicine and to remain with the resident while they took the medicine. No residents were being given their medicine covertly and no residents were self-administering at the time of inspection. Administering staff were able to explain the protocol for referral to the prescriber where residents might consistently refuse their medicine.

Based on observations, feedback and a review of documentation and systems, there was good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia, or a cognitive impairment, were appropriately met. The provider had self-assessed substantial compliance with this outcome and had identified areas for development around training and policy reviews, for example. These improvements were being implemented and this outcome was assessed as compliant at the time of inspection.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedures in place for the prevention, detection and response to abuse that had been reviewed in June 2016 and referenced relevant legislation and guidelines. Records indicated that regular training on safeguarding and safety was provided. Staff members spoken with by the inspector had received relevant training and understood the recording and reporting systems in place. The inspector met and spoke with residents who said they were comfortable and felt safe and well cared for in the centre.

There was a current policy and procedure in place on the management of residents' accounts and personal property. The inspector spoke with an administrator who explained the related procedures and safeguards, which included a centralised accounting system with both internal and external audit. The centre managed some cash amounts for a small number of residents. A sample of transactions was reviewed. Processes were in keeping with protocols and balances reconciled with records. However, documentation of receipts and the recording of balances were inconsistent and created opportunity for error in the maintenance of records. Audit around this procedure also required review to ensure that it was effective and appropriately identified areas that required improving.

A current policy and procedure was also in place in relation to the management of responsive behaviours. Management and staff were able to explain to the inspector their understanding of how the behaviour of residents might be affected by dementia and related conditions. There was an ongoing programme of training on dementia care and the management of the behaviours and psychological symptoms of dementia (BPSD). The inspector spoke with staff about the care of residents who were presenting with such symptoms. Staff demonstrated a good understanding of the personal

circumstances of individual residents, and this understanding was borne out in discussion with family members attending to visit at the time of the inspection. The inspector noted that the care provided promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). The strategies to support and divert residents presenting with anxieties reflected a person-centred approach and included providing items of personal significance that eased anxieties for the resident. The centre operated a policy that advocated a restraint-free environment. Where restraints such as bed-rails were in use, appropriate assessments had been undertaken and nursing notes reflected regular monitoring and review. The use of bed-rails was also subject to regular audit. Information on the use of such restraints was recorded as required on quarterly notifications. Staff explained that the use of PRN medicine (taken only as the need arises) to alleviate agitation was rarely used and only in circumstances when other strategies and diversions were failing and the resident was at risk of distress. However, records of these instances of chemical restraint were not being recorded on the quarterly returns as required.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred 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 implemented a policy and practice that supported residents in their civic and spiritual preferences. Residents were supported to vote and attend polling stations where possible. There was an oratory at the centre where religious ceremonies could take place. Access to pastoral care, depending on religious preference, was arranged as required. Arrangements were in place for a nominated advocate to attend the centre and information was on display that provided contact details for the national advocacy service. A residents' handbook was available that provided information for residents. A regular resident forum took place and a record of meetings was available for reference. The inspector noted that consultation with resident representatives and families was recorded on the care plans reviewed. The centre provided a comprehensive guide for residents that referenced the contract of care and statement of purpose, and also provided information on how to complain. Most information was provided in both English and Irish. There were no restrictive visiting arrangements. On the day of inspection visitors were seen to regularly come and go, and spend time with residents in all areas of the centre.

At the time of inspection there was a programme of regular activities in place. All staff

had responsibility for ensuring residents had access to, and were provided with, activities and social interaction appropriate to their assessed needs. As identified on previous inspection, there was a strong focus on community involvement in the culture of care. Schools, families and local enterprises were involved in initiatives and funding that included creative projects for residents. These included a 'Jeans' for Dementia day, wild-flower planting, quilt-making and felt-picture designs. The inspector reviewed activation with staff and management and saw that appropriate consideration was given to the particular needs of residents with a cognitive impairment. This was supported by feedback from the visiting relative of a resident. Tactile and sensory objects for incidental occupation were available and seen to be used. There was story-telling and reminiscence therapy and the centre also had a sensory activation room. In keeping with the community culture there was an emphasis on musical events and sing-songs. The inspector met with a musician who regularly attended the centre and residents were seen to enjoy and participate in this activity. As a Gaeltacht area the community culture was evident in the language of choice between staff and residents. The inspector felt there was a good atmosphere in the centre and that residents were relaxed and at their ease. Residents who might express confusion or disorientation were readily reassured by staff. The inspector noted that residents had access to secure outside space for exercise and recreation. One resident was seen to go out repeatedly to walk about; this resident was appropriately attired with outdoor wear to ensure comfort and wellbeing while undertaking the activity. The centre also provided a well equipped hair-dressing facility for a hairdresser who came to the centre. The inspector spoke with a number of residents who were complimentary of staff and the choices they had, around meals and activities, for example.

The inspector observed that staff across all departments of responsibility, household and catering as well as nursing and care staff, engaged positively with the residents, and that exchanges were familiar and interactive. Staff spoke with residents as they provided care, explaining what they were about to do, whether assisting with a drink or supporting them physically to get more comfortable.

Aside from routine observations, as part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Three episodes were monitored in this way. One observation was undertaken after lunch in the day room of Bhréanainn, where several residents were sitting. In the course of this observation residents interacted and engaged with each other while several members of staff came in to the room at various times to check on individual needs. During this time tea was brought to a resident who requested it and another staff member provided assistance for a resident who wanted to go and use the toilet facility. A second period of observation took place later in the day, observing the service and attention around tea time in one of the dining alcoves of the unit. Tables here were set for several residents and it was clear that some residents were familiar with where they usually sat and who they sat with. Where one resident was uncertain, staff provided guidance that was appropriate and reassuring. Mealtime was sociable and the residents spoke among themselves, smiling and talking about the food. Staff regularly checked on preferences and offered choice or alternatives, if requested. The third episode took place on the second day when the support for residents transitioning

from the day room to the dining area for lunch was observed. Again it was noted that staff were attentive and took time to ensure that residents who might be experiencing confusion were reassured and assisted to partake in the mealtime in a way that supported their needs and understanding. The inspector noted that one resident got up, having eaten very little, and left the dining area. A member of staff was seen to check with the resident and follow, with the meal, to the resident's room, as the resident had changed decision and wanted to have lunch in their room. This example of attention and personal consideration was typical of the approach by staff observed throughout the inspection. A positive result was recorded for all episodes of observation and it was noted that staff engaged meaningfully with residents on a consistent basis.

Where closed circuit television (CCTV) monitoring was in use, it was restricted to public access areas and did not impact on the privacy of residents or visitors as they went about their day-to-day activities. Care practice observed privacy and dignity and staff were seen to either knock or call to announce their entry to a resident's room. Protective screens to promote privacy were in use where rooms accommodated more than one resident. The centre continued to provide long-term accommodation in multi-occupancy rooms for up to four people. Management and staff acknowledged the impact of these circumstances on the privacy of residents. The circumstances of shared occupancy for up to four residents did not support communication and the receipt of personal care in a manner that promoted and protected privacy and dignity. While privacy screens were in use, they were not always effective in ensuring privacy of communication for residents. Management made arrangements to facilitate residents' preferences for accommodation where possible. However, the use of multi-occupancy rooms for up to four residents did not support the receipt of personal care in a manner that protected privacy and dignity. The provider had self-assessed compliance in this Outcome and, at the time of inspection, was substantially compliant on the areas assessed.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A site-specific complaints policy and procedure was in place, and had been reviewed in April 2015. A summary of the complaints procedure was on display in the entrance area of the centre. This information was also summarised in the statement of purpose and as part of the information guide provided for residents. The policy cited relevant legislation and set out the procedure to follow in making a complaint, including how to make a verbal or written complaint, and the expected time frames for resolution. In keeping

with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The procedure also outlined an internal appeal process and identified the appeal officer. Contact information for the office of the Ombudsman was provided.

A record of complaints and concerns was maintained. Relevant information was available on the nature, circumstances, response and outcome of the complaint. A review of the complaints system indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. At the time of inspection there were no complaints that had been referred to the appeal process. Records indicated that any issues raised had been resolved. Satisfaction with the processes for managing any concerns that might be raised was also reflected in the questionnaires completed by residents and relatives. Further information on advocacy, and facilities to support residents with a cognitive impairment in raising a concern, is recorded against Outcome 3 on Rights, Dignity and Consultation.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the staff rota and was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Supervision was directed through the person in charge with designated administrative support and appropriate deputising arrangements for suitably qualified staff to provide cover. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

The inspector reviewed the training matrix and identified that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling.

Management monitored staff training renewal dates and almost all staff members had current training in the mandatory areas. A small number of staff were recently overdue refresher training in fire-safety and the person in charge confirmed that training had been scheduled in this regard. Additional training was accessible to staff that was in keeping with the needs profile of residents. Almost all staff had received training in the management of responsive behaviours. Access to training on dementia related care was also provided. Staff also had access to on-line training modules. Additional training included infection control, dysphagia management, nutrition and medicines management.

The centre had appropriate policies on recruitment, training and vetting which described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews. Records checked, in respect of documents to be held in relation to members of staff, were generally in keeping with requirements. The centre had in place a verification form from the HSE Garda Vetting Liaison Officer, confirming that related vetting disclosure documentation was in place for employees. Confirmation of vetting documentation in the sample requested was subsequently provided as per Schedule 2 of the 2013 Care and Welfare Regulations. Up to date an Bord Altranais registration was also in place for all members of nursing staff. The person in charge understood the requirements in relation to documentation for volunteers and records reviewed were appropriately maintained.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was a purpose-built facility, in operation on the current site since 2010. The building was set in extensive grounds and provided secure parking facilities. The premises were located on the outskirts of Dingle town, in landscaped grounds that provided secure external space for recreation. The location, design and layout of the centre comfortably met the individual and collective needs of the resident profile, in keeping with the centre's statement of purpose. The building was of a modern design and contemporary style. The building was well constructed and the interior maintained to a very high standard. Residents' rooms were individually decorated and personalised. Parking adequate to the service was available on site. Other facilities located on site included a day hospital and related services. A community day service also operated at the centre.

Residential care was divided across two modules or units, Eahlís and Bhréanainn. While the centre did not provide a dementia specific care unit, the focus of care for residents with dementia or a cognitive impairment was in the Bhréanainn module. Accommodation comprised 26 single bedrooms, eight of which were en-suite. There were eight twin-bedded rooms, of which four were en-suite. Three four-bedded rooms were equipped with wash-hand basins. Room dimensions provided ample space for staff to both assist residents and use assistive equipment, if required. All rooms were fitted with overhead hoists. All single rooms provided a bedside locker, chair and wardrobe. Residents' rooms were comfortable and personalised, to varying degrees, with individual belongings and memorabilia. The centre was thoughtfully decorated throughout with pictures, paintings, familiar furniture and soft furnishings. Furnishings were in good condition and comfortable. Consideration had been given to the needs of residents with a cognitive impairment and the design and layout of the centre facilitated ease of access and orientation. Corridors were wide and provided assistive hand-rails. The environment was in keeping with a dementia friendly model. There was good use of natural light in both private and communal areas. Signage was used effectively to direct residents to communal areas and bathroom facilities. Residents had access to an enclosed garden area with seating. Residents could also take walks or mobilise in electric chairs in the extended grounds on suitably paved paths.

There was a functioning call-bell system in place throughout the centre. The centre provided appropriate facilities including an adequate number of toilets, bathrooms and showers. Where rooms were shared measures were in place to reduce the impact on the individual privacy and dignity of residents, such as the use of screens. There were suitable staff facilities for changing and storage. There was a separate kitchen facility adjacent to the main dining area that was appropriately equipped and staffed to meet the needs of the centre. Adequate sluicing facilities were provided and arrangements were in place for the proper disposal of domestic and clinical waste. A laundry facility was well equipped and staffed and effective systems were in place to manage infection control and segregate clothing. There was suitable assistive equipment provided including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. Staff had received training or instruction in relation to how to use equipment correctly. There was ample storage space and equipment was stored safely and securely.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ospideal Pobal Chorca Dhuibhne (West Kerry Community Hospital)
Centre ID:	OSV-0000569
Date of inspection:	02/08/2017 and 03/08/2017
Date of response:	25/09/2017

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: Safeguarding and Safety

Theme:

Safe care and support

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

Documentation required review:

- a) to ensure that receipts and the recording of finance balances were consistent and that audit around the process was effective in identifying areas for improvement,
- b) that notifications were returned in keeping with Regulation 31 as per Schedule 4.

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

1. 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:

(a) All receipts issued from the accounts office will hold 2 signatures and an audit system has commenced on ward safe management which will highlight any inconsistencies and inform areas that may need improvement.

(b)

Notifications will be returned as per Regulation 31 (Schedule 4)

At present clarity is being sought in relation to the definition of Chemical Restraint (ref: HIQA (2014) (Updated April 2016) Guidance for Designated Centres Restraint Procedures)

Proposed Timescale: (a) immediate 21/08/2017

(b) 31/10/2017

Proposed Timescale: 31/10/2017

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 circumstances of shared occupancy for up to four residents did not support communication and the receipt of personal care in a manner that promoted and protected privacy and dignity.

2. 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:

We will continue to provide all supports possible to ensure privacy and dignity to residents of the multi occupancy rooms in the areas of communication and delivery of personal care as per standards and regulations

Proposed Timescale: 25/09/2017

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

A small number of staff were recently overdue refresher training in fire-safety.

3. 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:

The number of staff requiring a refresher course in Fire Training will receive same.

Proposed Timescale: 31/10/2017