Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Dunabbey House
Centre ID:	OSV-0000590
Centre address:	The Spring, Dungarvan, Waterford.
Telephone number:	058 209500
Email address:	paula.french@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Vincent Kearns
Support inspector(s):	Ide Cronin
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	9

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 July 2017 08:00	24 July 2017 17:00
25 July 2017 07:30	25 July 2017 15:00

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

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Unsolicited information of concern had been received by the Health Information and Quality Authority (HIQA) prior to this inspection. These concerns included issues in relation to staffing and a poor quality of care provided to residents. However, following this inspection these concerns were not substantiated.

Dunabbey House is located in the town of Dungarvan and the premise is single storey, purpose built and has operated as a designated centre for dependent persons since 1974. The design and layout of the premises was appropriate to meet the needs of residents and was in keeping with the center's statement of purpose. The center was registered for 30 beds accommodation provided consists of 24 single and 3 twin bedrooms. However, the provider representative informed inspectors that she was applying for renewal registration of 28 beds. The provider representative stated that this change in occupancy would be achieved with converting two of the three twin bedrooms to single occupancy bedrooms.

According to the centres' statement of purpose Dunabbey House provides general nursing care on a 24 hour basis. The facility caters for residents who have mild disabilities and mild to moderate challenging behaviours. The admission policy states that residents have to be within a low to high dependency level. Pre admission assessment is carried out by a member of the hospital management team to ensure the resident meets the admission criteria for Dunabbey House. Inspectors noted that person centered and holistic health and social care for the older person is provided within the center. However, acute episodes or serious changes in a resident’s clinical condition whereby their care needs change or their dependency exceeds the designated admission criteria; the resident may then be transferred to alternative healthcare facilities. Such a move would be done in consultation with the resident and /or their representatives and following appropriate clinical assessment.

The centre is located close to all amenities in Dungarvan town including shops, churches and restaurants. On the days of inspection there were 21 residents living in the centre. They had recently installed an assisted bath and each bedroom contained a wash hand basin. There were wheelchair accessible showers within easy reach of bedrooms. There were televisions, telephone and a sufficient space for the storage of personal belongings which included a secure locker in each bedroom. The centre also contained a number of other rooms including one large sitting room as well as a number of smaller sitting rooms. There was a large dining room, a laundry, an oratory, a small sunroom at the entrance which was very popular with residents. There was plenty of ouside parking provided to the front of the premises. There was suitable paths for residents' use and an enclosed garden area with planted raised flower beds, pots and plenty of comfortable garden seating. Inspectors noted that one long bedroom corridor contained a number of large windows that caught the sun light. Each window had a cushioned seating area that facilitated residents to look out at the enclosed garden area, creating a pleasant place for sitting and reflection.

As part of the inspection process, the inspectors met with residents, staff members, the Clinical Nurse Manager (CNM), the Director of Nursing (DON), the person in charge and the provider representative. Inspectors observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs. Residents told inspectors that they were very happy living in the centre and that they felt safe there. Overall staff were able to demonstrate good knowledge of the residents' care needs when speaking with inspectors.

There were 17 outcomes reviewed as part of this inspection, 13 of the 17 outcomes were compliant and four outcomes substantially compliant with the regulations. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

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

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

Theme:
Governance, Leadership and Management

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

Findings:
There was a written statement of purpose that described the service that was provided in the centre. The inspectors noted that the services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents. The statement of purpose contained all of the information required by schedule 1 of the regulations and was reviewed annually.

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 inspectors spoke with staff who were on day and on night duty, the CNM, DON, the provider representative and the person in charge. All outlined a clearly defined management structure that was in place. This structure identified who was in charge,

who was accountable to whom and the reporting relationships within the organisation. Staff who spoke with inspectors were able to demonstrate good knowledge of this system. There was a copy available of the annual review into the quality and safety of care delivered in the centre as required by regulation. There was a system in place to improve the quality and safety of the service. This included the person in charge supported by other staff undertaking regular audits. These audits were available to inspectors and included, amongst others: falls, hygiene and infection control, health and safety, the quality of life, nutrition and medication. The person in charge outlined how these audits informed the quality and governance of the centre. The person in charge explained how the findings and actions from these audits were being used to focus areas for improvement in the centre. The provider representative spoke with the person in charge on a daily basis and formally met her at senior management meetings that were held as required, but at a minimum every second month.

There was evidence of meetings with staff and regular meetings were held with residents. The person in charge also had a responsibility for another center and was supported in her role by the DON and a CNM. For example the CNM was based on site and the DON visited the center two days a week. The DON also outlined how she supported the person in charge in her role and she had worked in the center for many years. Inspectors noted that the person in charge was well know to residents to whom inspectors spoke with. She informed inspectors that she made getting to know all residents a priority and described how she visited the centre each day. The DON chaired the residents' committee meetings with the most recent recorded as being held on 30 June 2017. From a review of the minutes of these meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of this inspection; the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues in a robust manner and displayed a commitment to compliance with the regulations. There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of this registration inspection. Some returned questionnaires did mention for example "that staff were very busy" and "that the center could do with more staff". However, the overwhelming responses were very positive and complementary of staff and the care and support provided. In particular, staff were identified as being very supportive and approachable by respondents to these questionnaires. Staff spoken to did identify that staffing had been an issue early in the year. Particularly when replacement staff were required for example due to unexpected vacancies such as for example sick leave. However, staff informed inspectors that overall this issue had been now resolved with improvements in available staffing resources including access to agency staff if required. The person in charge and the provider representative acknowledged that staffing had been an issue and outlined the corrective actions that had been taken. They both confirmed that they were on call to assist staff when required and staff spoken to confirmed that this arrangement was in place. In addition, the person in charge outlined that the provider representative had recruited additional staff and more staff were scheduled to become available from September 2017. This issue was further detailed under outcome 18 of this report.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

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

A Residents' Guide was also available with copies of both were available at the main entrance into the center. The guide included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was a registered nurse who worked full time and appointed to this post in January 2017. She was an experienced nurse with 17 years care of the older person nursing experience. She had been a involved in the governance of the centre at initially Clinical Nurse Manager 2 level for four years and as Assistant Director of Nursing

for two years. The person in charge had significant clinical experience and was a registered nurse prescriber. The person in charge had responsibility for a second center which was located across the road. The person in charge outlined how she divided her time between these two centers and how she was supported by the DON and the CNM's on site. Inspectors were satisfied that the person in charge was adequately engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She had significant experience as a nurse and demonstrated a good knowledge and understanding of the residents in her care. She was sufficiently knowledgeable of her responsibilities under the regulations. The person in charge was very responsive to the inspection process and engaged proactively and positively with inspectors. The person in charge had attended various clinical and professional development training courses to keep her skills up-to-date. Courses attended included training in areas such as palliative care, dementia, challenging behaviors and safeguarding. She also attended relevant conferences during the year. She was well known to residents and both residents and staff confirmed that she was available to provide support. The person in charge confirmed that she maintained an open door policy to residents, their representatives and staff.

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:
Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors. Residents' records were reviewed by inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to inspectors.

Inspectors reviewed the centre's operating policies and procedures and noted that the centre had policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare

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

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

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

Judgment:
Compliant

Outcome 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:
There centre was fully committed to providing a restraint free environment and the clinical Nurse Manager informed inspectors that there was no restraint or restrictive practices in use in the centre.

The person in charge confirmed that there was no active reported, suspected or alleged incident of abuse in the centre. There was evidence that any allegations of abuse had been recorded, investigated, appropriate action taken and reported to HIQA and other agencies as required. Inspectors were satisfied that there were policies and procedures in place for the protection of residents. The person in charge was actively engaged in the operation of the centre on a daily basis. There was evidence of good recruitment practices including verification of references and a good level of visitor activity. The provider representative confirmed that all staff and volunteers were suitably Garda vetted. The national Health Service Executive (HSE) safeguarding policy was in place for the prevention, detection and management of any protection issues. All staff spoken

with confirmed their attendance at elder abuse training and were clear on their responsibilities. Staff outlined for example their on-going "vigilance" and their confidence in the person in charge and/or the CNM to take appropriate action if and when required.

Inspectors saw that there was positive and respectful interactions between staff and residents and that residents were comfortable in asserting themselves and bringing any issues of concern to any staff, CNM, the DON or to the person in charge. Residents spoken to articulated clearly that they had full confidence in the staff and expressed their satisfaction in the care being provided. In relation to residents' financial transactions, inspectors spoke informally with residents throughout the inspection and the feedback received from them was positive. Inspectors reviewed the arrangements in place in relation to the maintenance of residents' day to day expenses and the centre managed a small number of residents financial transactions. Inspectors reviewed the systems in place to safeguard residents' finances which included a review of a sample of residents' records of monies. Inspectors noted that all lodgements and withdrawals were adequately documented or signed for by residents, their representatives and/or two staff. In addition, there were suitable arrangement for a written acknowledgement of the return of the money or valuables and adequate reviewing/auditing of these arrangements. Inspectors was informed by staff that the financial records were audited both internally and by an external auditor to ensure good financial governance was in place.

There was a policy on responsive behaviours (a term used to describe how persons with dementia represent how their actions, words and gestures are a response to something important to them). Staff to whom inspectors spoke were knowledgeable in suitable de-escalating techniques. Inspectors noted that one resident was identified as having responsive behaviors. There was evidence that residents who presented with responsive behaviors were reviewed by their General Practitioner (GP) and referred to other professionals for review and follow up as required. Inspectors saw evidence of positive behavioural strategies and staff spoken to outlined suitable practices to prevent responsive behaviours. Care plans reviewed by inspectors for residents exhibiting responsive behaviours were seen to reflect the positive behavioural strategies proposed including staff using person-centred de-escalation methods. However, while further training was scheduled, training records evidenced that most but not all staff had not received up-to-date training in this area. In addition, the training matrix recorded that training in dementia care had been provided. However, these records evidenced that not all staff have received this training in dementia care.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. There was personal protective equipment such as latex gloves and plastic aprons available in designed cupboards. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place including regular training of staff. Overall the premises, including the communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the center.

Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling. Documentation seen indicated that the hoist required for moving techniques in resident care were serviced regularly.

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the centre. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all interior and exterior doors. A closed circuit television (CCTV) system was in place that covered external areas and a register of all visitors to the centre was maintained at the main entrance. Of particular note was the fire safety register that recorded all residents, visitors and staff who were currently in the premises at any given time. Inspectors noted that staff were particularly diligent in ensuring that this important record was comprehensively and contemporaneously completed and maintained.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Inspectors noted that the emergency lighting was most recently serviced in March 2017 and the fire alarm was last serviced in June 2017. Certification of testing and servicing of extinguishers, fire retardant materials were also documented. The building's fire and smoke containment and detection measures were in place. Staff had received training in fire safety within the past 12 months. Staff spoken to were familiar with what actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Further staff fire safety training was planned for this week. Practiced fire drills were held, that included simulation of an evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets. Inspectors viewed records of the practiced fire evacuation drills which identified where improvements to the procedure could be made. All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and evacuation mode of each resident. These plans included the level of cognitive understanding, the need for supervision or the level of compliance of each resident in an emergency situation.

There were appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage such risks. Each serious reportable

event (SRE) was suitably recorded and escalated to senior management as per the Health Service Executive (HSE) safety incident management policy January 2017 and reporting protocols. Following any such incident, accident or event, the provider representative and the person in charge along with other staff met at a senior incident management team meeting. Following each SRE these meetings were held to ascertain if there was any learning opportunities or corrective actions that needed to be taken. For example, for residents who had fallen, there were falls risk re-assessments completed after each fall, and care plans were updated accordingly. Suitable governance and supervision systems were in place to monitor residents at risk of falls. Such arrangements were reviewed on an on-going basis. There was a risk register available in the center and inspectors found that the hazard identification process was adequate. There was an up-to-date risk management policy that addressed the identification and assessment of risks and the controls that were in place including the requirements of the regulations.

The centre had other policies relating to health and safety and the safety statement was due for renew in March 2018. There was a plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. There was a record of incidents and accidents in the centre which recorded slips, trips and falls and records seen were adequate to ensure arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The centre-specific and up to date policies on medication management were made available to inspectors. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were made available to nursing staff who demonstrated adequate knowledge of these documents. Medicines for residents were supplied by a community pharmacy. Nursing staff with whom inspectors met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator and storage areas was noted to be within an acceptable range. The temperature of this

fridge was monitored and recorded daily.

Nursing staff with whom inspectors spoke demonstrated adequate knowledge of the general principles and responsibilities of medication management. Medication administration practice was observed by inspectors. Nurses wore red "do not disturb bibs" while administrating medications and inspectors noted that the nursing staff adopted a person-centred approach. A sample of medication prescription records was reviewed. Inspectors were informed that the center was currently in the process of changing the medication administration records over to another format to enhance and improve the safety of medication administration.

Staff informed inspectors that two residents were responsible for their own medication after they have been appropriately assessed. Safe medication management practices were reviewed. There was daily monitoring of self administering arrangements to safeguard residents while promoting their independence. There were also suitable storage facilities provided for residents' medication. Residents had been consulted in relation to self administrating medication by both the nursing staff and the pharmacist. Copies of the self administration medication policy had also been provided to both of these residents.

Medications requiring additional controls under the Misuse of Drugs Regulations were seen to be suitably stored with robust measures in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation.

The practice in relation to the transcription of medications was in line with the center-specific policy or guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. All prescribed prescriptions were signed by the prescriber within 72 hours. Medications were reviewed by GP's every three months. Medicines were recorded and administered in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais (Irish Nursing and Midwifery Board of Ireland). The maximum daily dosage for PRN (as required) medicines was consistently indicated on the medication prescription records.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:

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

Judgment:
Compliant

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

Theme:
Effective care and support

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

Findings:
There had been unsolicited information of concern received by Health Information and Quality Authority (HIQA). These concerns included issues in relation to a poor quality of care provided to residents. However, following this inspection these concerns were not substantiated. Care was provided in accordance with the center's statement of purpose. The statement of purpose outlined that acute episodes or serious changes in a resident's clinical condition whereby their care needs change or their dependency exceeds the designated admission criteria; the resident following clinical assessment was then to be transferred to another center or an acute hospital.

Inspectors were informed that prospective residents were assessed by a member of the nursing management team. This pre admission assessment was carried out to ensure that each resident met the specific admission criteria for Dunabbey House. Inspectors noted that the center catered for low to high dependency residents only. This was confirmed by the centers' admission policy which stated that residents had to be within a low to high dependency level. Following the assessment the planned admission was communicated in detail to the nursing staff in charge of the centre to arrange transfer/admission. Inspectors noted that on the days of inspection there were 20 residents assessed as having low dependency needs and one resident with high dependency needs.

Inspectors was satisfied that residents' healthcare requirements were met to a good standard. There was a morning and evening handover each day and all staff including

the CNM discussed residents clinical, health and social care needs. This meeting was also used to highlight to all staff any changes or issues of concern. Residents to whom inspectors spoke to confirmed that they were well cared for and were very complementary about the kindness and standard of care and support provided to them by all staff.

There was evidence to support that residents' healthcare requirements were adequately and regularly assessed by competent nursing staff and that arrangements were in place to meet their assessed clinical needs. On admission residents were facilitated to retain access to their general practitioner (GP) of preference. There was documentary evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, psychiatry, chiropody and physiotherapy. There was also records of arrangements in place to facilitate optical and dental review. There was evidence of seasonal influenza vaccination. Inspectors saw that each resident had a nursing plan of care. Nursing staff informed inspectors that there had been significant changes made to the care planning documentation/record system since the previous inspection. That this was in line with national HSE care planning changes. Nursing staff used a key-nurse system for care plan completion. Inspectors reviewed a random sample of care plans and were satisfied that the system was clearly understood by staff and the general standard of care planning was good. There was evidence that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. Care plans were completed in consultation with the resident and/or their representative and were supported by a number of validated assessment tools. Care plans seen were person centered, clearly set out the arrangements to meet identified needs as specific to each resident. They also incorporated interventions prescribed by other healthcare professionals for example speech and language therapist or dietetics. A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations.

There was a low reported incidence of wounds. Inspectors saw that the risk of wound development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented. A validated assessment tool was used to establish each resident's risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including close monitoring or residents and low beds. The resident's right to refuse treatment was respected and recorded and brought to the attention of the relevant GP. There were procedures in place and records seen supported that relevant information about the resident was provided and received when they were absent or returned to the centre from another care setting.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,

conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The single-storey building was purpose built in 1974 and was well maintained and well organised. Overall the design and layout of the centre fitted with the aims and objectives of the statement of purpose and the center's resident profile. It generally promoted residents' independence and wellbeing. Storage facilities for equipment was adequate. There was a functioning call bell system in place and there was suitable storage for residents' belongings. There was adequate communal space in which residents could socialise and engage in activities. The premises was well decorated and residents' rooms were personalised with photographs and individual belongings. Residents' rooms were spacious enough to permit ease of movement, including the use of assistive equipment, with adequate storage for belongings including secure storage for personal items and valuables. However, there were no call bell facility in the two small sitting rooms, the oratory room or the activities room. The center maintained a safe environment for residents' mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting and color schemes. The decoration throughout was of a adequate standard and an ongoing redecoration programme was in place. The provider representative outlined on-going redecoration/enhancements that had been completed in the center since the last inspection. For example, many areas had been repainted since the last inspection including all residents' bedrooms. There was a new storage area for equipment, a new assisted bath had been installed, shower rooms had been up graded and the large sitting room had been redecorated including the fitting of new curtains. Water was at a suitable temperature. Pipe work and radiators were safe to touch.

The main sitting room was bright and had adequate space and there was a separate dining room adjacent to the kitchenette. There was also two small, quiet sitting rooms which were suitable for private meetings. The small oratory room was also available for quite reflection. Inspectors noted that some residents enjoyed using these quite areas. At the main entrance there was a small porch area that was bright and very popular with residents who could see all the comings and goings in the center. There was a designated smoking room that was naturally ventilated and had an extractor fan in place. The kitchenette was well maintained, well organised and had environmental health office reports with the most recent dated in December 2016. The outside areas were well maintained with plenty of comfortable garden seating provided. There was raised flower beds and potted plants in the enclosed courtyard area. Inspectors noted that there were two attractive and colorful birds in a cage in the large sitting room and inspectors were informed that a small dog had been recently obtained and would shortly be visiting the center on a regular basis.

The interior of the center was decorated in a tasteful manner. The reception area, dining room, sitting rooms, other communal areas and bedrooms were generally homely. A variety of comfortable seating was provided in the day rooms and in the entrance area. Adequate personal storage cupboards were provided to residents in their bedrooms. In the three shared bedrooms, screening curtains were available to ensure privacy. The provider representative informed inspectors that she intended to reduce the occupancy level of two of the three twin bedded rooms to become two single occupancy bedrooms. The provider representative outlined to inspectors how this change would positively impact on residents bedroom accommodation by enhancing the privacy and dignity of residents living in these two bedrooms.

Overall the center met the requirements of the National Quality Standards for residential Care Settings for Older People in Ireland. There were a sufficient number of assisted toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was in good repair was maintained and stored to a safe standard. While records were available in relation to the servicing of the hoist however, in relation to other equipment for example, for the suction machine, the bedpan washer and residents beds there were no service records available.

Accommodation was available to receive visitors both communally and in private with a number of small sitting rooms also available. Residents also had access to a small oratory for prayer or reflection. Circulation areas such as corridors were well equipped with hand rails and one corridor had the facility of window seating at regular intervals. This long bedroom corridor contained a number of large windows that caught the sun light. Each window contained a cushioned seating area that facilitated residents to look out at the enclosed garden area, creating a pleasant place for sitting and reflection.

Heating, lighting and ventilation was adequate to the layout of the premises with a separate kitchenette area appropriately equipped for the size and occupancy of the centre.

The grounds were well laid out with ample parking available and a clearly identified fire assembly point. Residents had access to outside space including the grounds around the premises and the enclosed garden area which were wheelchair accessible with suitable seating also provided.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
Inspectors found a complaints process was in place to ensure the complaints of residents, their families or their representatives were listened to and acted upon. There was the HSE national complaints policy "Your Service Your Say" and a center specific complaints policy, which was prominently displayed and met the regulatory requirements. Residents to whom inspectors spoke said that they had easy access to any staff in order to make a complaint. The DON was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to her and were assured issues would be dealt with. The person in charge stated that she also monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. The provider representative also informed inspectors that she was kept up to date in relation to any complaints, as required. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

All complaints were recorded locally and a copy sent to the person in charge for review and audit. The complaint process included a local appeals procedure and there was also an independent appeals process. The residents guide also held details of the complaints policy and independent appeals process was included. There were also contact details available for a number of supportive national agencies including "Citizens Information Centre", HSE Elder Abuse Officer" and the "National Centre for the Protection of Older People".

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a suitable end of life policy available and dated as reviewed in July 2017. At the time of inspection there were no residents receiving end of life care. Overall there was evidence of a good standard of medical and clinical care provided and the person in charge outline that if required appropriate access to specialist palliative care services was provided. The inspectors found that staff were aware of the policies and processes

guiding end of life care in the centre. Staff were able to describe suitable and respectful care practices in relation to end of life care provision and outlined suitable arrangements for meeting residents' needs, including ensuring their spiritual and religious preferences were met. However, staff training in end of life care was not adequate as training records recorded that five of the 18 staff had attended end of life care training. This issue was actioned under outcome 18 of this report. Inspectors noted that families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly as required. There were some facilities to support relatives to remain with their loved ones during end-of-life. These included the two small sitting rooms that could be use to enable families remain overnight, if required. There was adequate documentation in relation to end of life care in the selection of residents' care plans reviewed.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, person centered and sensitive manner by staff. The dining experience was a social occasion and many residents were seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. The two residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents. Inspectors noted that most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with agreed that the food provided was always tasty, hot and appetising. Overall residents were happy with the food provided in the centre and some residents stated that that "the food was really very good/excellent". There had been a meal satisfaction survey conducted in early July this year. The results of which indicated that residents were happy with the meals provided.

Food was prepared in the nearby kitchen and transported to the center each day. Food was served by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on

the plate. Inspectors spoke with the chef who outlined how he was knowledgeable about residents dietary need and preferences. Menu's had been completed in consultation with the dietitian and inspectors were informed that the dietitian called to the kitchen every two weeks. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen. Inspectors noted that residents had access to picture enhanced menus. The chef was able to give examples of residents individual preferences and residents confirmed that the chef had spoken to them on a one to one basis.

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

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The provider representative outlined how the center had established good links within the local community. For example, some residents attended the local day center, the local "men's shed" and some residents had craft items that were being brought to the Dungarvan Show that was scheduled the week of the inspection. Items such as home baking, jams, knitting, crochet and flower arranging were being entered into the show. The provider representative outlined that the center was very well supported by the local community on an on-going basis, particularly in relation to fund raising activities. For example, the center had access to a brand new wheel-chair accessible minibus that had been obtained through local fund raising activities. Inspectors saw residents heading out for day trips on both days of inspection using this bus.

The person in charge outlined how she was able to actively consult with residents and their representatives each day. From speaking to residents it was clear that many were able to advocate for themselves and/or with the support of their representatives. Inspectors noted that there was an independent advocacy service provided and the contact details including a photograph of the advocate was placed in a prominent position, near the entrance to the center.

Residents were facilitated to exercise their civil, political and religious rights. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the sitting rooms. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in the three multi-occupancy bedrooms to protect the residents privacy. Staff were observed communicating appropriately with all residents including some with hearing impairments. Effective communication techniques were documented and evidenced in some residents care plans. It was clear to inspectors that residents were treated with respect and staff knew each resident's individual preferences. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Residents choose what they liked to wear and if required staff supported some residents in relation to their appearance, dress and personal hygiene. Staff were observed to be caring in their approach towards residents. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Residents stated that their visitors were always made welcome and that there were areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to staff and/or the person in charge and were assured they would be resolved.

Residents had access to the daily newspapers, a parish newsletter, magazines, books and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events. It was evident to inspectors that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A range of activities were facilitated, for example, live music sessions, social evenings, prayers/mass, bingo. For each resident there was a "A Key To Me" document and an "meaningful activities assessment" completed in each residents' care plan. These records were instrumental in developing staff knowledge and awareness into the background, preferences and social support needs of all residents. These records were comprehensively completed in consultation with residents and/or their representatives, as appropriate. They were a good resource of information to support residents, their representatives and staff in meeting residents social needs. Inspectors noted that staff were knowledgeable of each resident's life history, hobbies and preferences which also informed the planning of residents' activities.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:
Person-centred care and support

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

Findings:
There was a centre-specific policy on residents' personal property and possessions and from the sample of residents' records reviewed by inspectors. There were records in place of individual resident's clothing and personal items.

Residents laundry was well maintained and most laundry facilities were provided off-site. There were appropriate arrangements in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. Inspectors reviewed the management of residents' finances which included suitable record log and system of double signing for transactions. Residents that inspectors spoke with indicated that they were satisfied with the arrangements in place in relation to the management of residents' personal property. Each resident had a secure storage facility in their bedroom for the safekeeping of any personal items or small quantities of monies. A separate safe was also available, if required.

Residents were facilitated to have their own items, such as assisted equipment or furniture and personal memorabilia. Inspectors noted that most bedrooms had been personalized with individual residents' items, photographs and art work. Each resident had suitable furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes.

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:
Unsolicited information of concern had been received by HIQA prior to this inspection. These concerns included issues in relation to inadequate staffing. However, following this inspection these concerns were not substantiated. The provider representative acknowledged that staffing particularly nursing staff, had been a significant challenge early in this year for example, there had been difficulties with the recruitment of nursing staff. However, as the provider representative stated that this was not currently an issue and outlined a number of actions that she had taken including the recruitment of additional nursing staff. The person in charge, the CNM and staff to whom inspectors spoke stated that staffing in the center was adequate. Confirmation of adequate staffing was also provided by a review of the centers' records including minutes of staff meetings and staffing rosters.

An actual and planned roster was maintained in the center. Inspectors noted that the person in charge worked full time and was available Monday to Friday. There was also a DON available two days a week to support the person in charge in her role. In addition, there was a CNM on most days as well as a staff nurse on duty both day and night time. Inspectors spoke to nurses on both day and night duty shifts. Inspectors observed practices and conducted interviews with care staff, the person in charge, the DON, staff nurses, the CNM and the provider representative.

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

From speaking to the person in charge, staff and a review of documentation; staff appeared to be supervised appropriate to their role and responsibilities. Staff appraisals had commenced and were in the process of being rolled out to all staff. Recently recruited staff confirmed that this process had started. The person in charge discussed staff issues with inspectors and suitable protocols and records were seen to be in place where any concerns had been identified. There was an education and training programme available to staff. The training matrix indicated that most mandatory training was provided and a number of staff had attended training in areas such as manual handling, cardio pulmonary resuscitation (CPR) and elder abuse. However, not all staff had completed mandatory training in responding to and managing behaviours that were challenging or dementia training. These failings were discussed and actioned under outcome 7 of this report. In addition, the training matrix recorded that not all staff had attended end of life care training which was outlined under outcome 14 of this report.

Inspectors reviewed a sample of staff files which included the information required

under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were seen by the inspector. The provider representative confirmed that all staff and volunteers had been suitably Garda vetted.

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:

Vincent Kearns
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:	Dunabbey House
Centre ID:	OSV-0000590
Date of inspection:	24 & 25/07/2017
Date of response:	11/08/2017

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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the center including details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

[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 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:
The contracts of care are been amended to ensure it reflects the bedroom that each resident resides in

Proposed Timescale: 14/08/2017

Outcome 07: 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:
To ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging and dementia care.

2. 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:
Training to be provided to staff on the following dates to ensure 100% staff will have been trained

11th and 18th August 2017
7th September and 21st September 2017

Proposed Timescale: 21/09/2017

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:
To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated center including providing accessible call bell facility in any room used by residents.

3. Action Required:

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

Please state the actions you have taken or are planning to take:
Wireless calls bells have been sourced and should be in place in 2 weeks' time

Proposed Timescale: 28/08/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated center including servicing arrangements for all equipment used in the center.

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

Please state the actions you have taken or are planning to take:
There is plan to service all equipment in the centre immediately and then ongoing basis annually or more often if required

Proposed Timescale: 30/09/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that staff have access to appropriate training including end of life care.

5. 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:
Further training will provided for staff on 22nd August 2017

Proposed Timescale: 22/08/2017