### Hollymount Private Nursing and Retirement Home

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Hollymount Private Nursing and Retirement Home</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000348</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Kilrush, Hollymount, Claremorris, Mayo.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>094 954 0232</td>
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<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:hollymountnursinghome@hotmail.com">hollymountnursinghome@hotmail.com</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Doonaroom Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Maire McDonagh</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Marie Matthews</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Mary McCann</td>
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<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>32</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>4</td>
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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: 07 November 2017 10:30  To: 07 November 2017 19:00

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

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<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This report sets out the findings of an inspection following on from the provider applying to renew the registration of the designated centre. As part of the inspection, the inspectors met with residents, relatives and staff members and reviewed the feedback in questionnaires completed by residents and relatives prior to the inspection. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector met staff members including the provider representative who is based
in the centre and two nurses who share the role of person in charge.

The centre is located in a rural area near the town of Hollymount in County Mayo. The centre has capacity to accommodate 36 residents. The single storey building comprises two sitting rooms and a dining room and fourteen single and eleven two-bedded rooms, most of which had en suite toilet and showers.

The provider demonstrated a willingness to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. There were new governance arrangements in place and while some improvements were completed since the last inspection further improvements were required to ensure the governance systems were robust and responsive to areas of improvement.

Residents and relatives were complimentary about the staff in the centre. The centre was well laid out and furnished to a good standard and was maintained in good standard of hygiene and repair. Appropriate assistive equipment was provided to support residents. New signage had been provided however some rooms were still not identified by a sign depicting its function.

A new electronic care planning system introduced prior to the last inspection was now in use and all documentation requested was readily available. The level of detail in residents care plans had improved in general however some still contained generic information which had not been modified. In general the healthcare needs of residents were met and residents had good access to medical services and to most allied health professionals. Some residents were however awaiting review by a speech and language therapist and a resident with a pressure wound had not been referred to a Tissue Viability Specialist and residents were not routinely assessed prior to admission.

There were appropriate systems in place to safeguard residents from abuse and there was opportunity for residents to participate in recreational opportunities. The staff were trained in dementia care which helped ensure that the management of responsive behaviours was appropriate. No restraints were in use in the centre.

New staff had been recruited since the last inspection and the information required by 2 of the regulations was present for all staff. All mandatory training areas were addressed. The staff were familiar with the residents and knowledgeable of their health-care needs. A revised system had been put in place to allow staff to record the social activities each resident participated in and their level of participation.

Some other areas of improvement were identified in relation to the review of accidents, the fire evacuation drills complete storage of bed linen and the recording of complaints. The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider submitted a statement of purpose as part of the application to renew registration and the inspector reviewed the document prior to the inspection. The aims and objectives that were outlined in the statement of purpose were reflected in practice however some omissions were identified and some areas required further amendment to reflect the services and facilities available to residents. For example, the information on admission of residents did not reference the centres' policy on any emergency admissions and the information included on activities did not reference how residents were assisted to engage in social activities or the specific therapies provided to residents who could not participate in the organised activities. It also did not include details of the €10 weekly charge for activities.

**Judgment:**

Substantially Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**

Governance, Leadership and Management

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

**Findings:**
There was a defined management structure in place with which staff were familiar. A new staff manager had taken over the role of Assistant Manager and Provider Representative. She was present on the day of the inspection and told inspectors she worked closely with the persons in charge. The provider had ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. However, some governance arrangements in place required review to ensure the service provided is safe, appropriate and consistent.

Inspectors reviewed the providers’ response to two incidents where a resident sustained injuries during transportation in the centre. New footplates had been fitted to the chairs following the incidents and there was evidence that staff had been reminded about the correct procedure when moving residents. However, there was no recorded evidence available of any review by management of these incidents and no evidence of any ongoing monitoring of manual handling practices to ensure there were no reoccurrences of the incident.

A system of audits is planned on an annual basis and includes a range of clinical areas including medication management, wound care, expressive behaviours associated with dementia, complaints, end of life care, accident or incidents and activities and food and nutrition. An annual report on the quality and safety of care was compiled. The report provided a summary of admissions, deaths, management changes and feedback from residents meetings. It did not however reference the findings from the various audits completed or included a quality improvement plan to address the areas identified for improvement from the audits. There was no evidence that residents or their families were involved in the annual review.

There was evidence of some improvements to the service. A new electronic care planning system had been implemented and staff provided with training on the system. The centre had been recently painted and carpets provided. New signage was also provided to help residents identify the sitting room and dining rooms.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Each resident had an agreed written contract of care. The inspectors reviewed a sample of contracts and found that contracts were signed within one month of admission to the centre. The contact included details of the services provided and the fees charged but they did not clearly state whether the resident would occupy a single or double bedroom.

A resident’s guide to the centre was provided to residents on admission. It contained all the information required by the Regulations.

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 role of person in charge is shared in the centre by two qualified registered nurses who between them provide a full time role and provide deputising arrangements. Both were actively engaged in the governance of the centre. One person in charge has 30 years experience as a nurse and had worked in the centre since 2009, and the other person in charge had 11 years experience and had worked in the centre since 2010.

Both staff members demonstrated a good knowledge and understanding of the residents in their care and knowledge of their responsibilities under the regulations. Both staff members were well known to residents.

The inspectors reviewed both staff members personnel file and saw evidence that they attended various clinical training courses to keep their skills up-to-date. Course attended included training in areas such as communicating with residents with dementia, advocacy, medication management and safeguarding. During the inspection inspectors identified that additional training in auditing the quality and safety were required to develop this area as identified in the action under outcome 2, Governance and Management.

The inspectors found that the health needs of residents were met but identified areas for improvement with some care plans and with ensuring appropriate referral and review by some specialist support services.
**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:**
All records required by Schedules 2, 3 and 4 of the regulations were completed as required. A planned and actual staffing roster was available. All policies as required by Schedule 5 were available.

The inspectors saw that some care plans indicated that residents should have 3 hourly turns but the turning charts available did not support this. In discussions with staff, the inspectors learned that while these checks were been completed, they were not always recorded.

**Judgment:**
Substantially Compliant

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider and persons in charge were aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days. The two staff members employed in this role to deputised for each other.

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

**Findings:**
All residents spoken with said they felt safe and secure in the centre and felt the staff were supportive. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. The policy had been reviewed to reflect the safeguarding teams in the HSE’s policy on safeguarding vulnerable adults.

All staff had up-to-date training in prevention, detection and response to abuse which was delivered by the manager who had completed training on training on the HSE’s policy on safeguarding vulnerable adults. Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff said they would report any suspicions to the person in charge on duty.

The inspectors saw that a restraint free environment was promoted and no bedrails or lap belts were in use. Alternative measures were used to prevent falls such as low entry beds and sensory alarm mats.

Some residents presented with behaviours and psychological symptoms of dementia (BPSD). Training records reviewed by inspectors indicated that staff were facilitated attend training related to the care of people with dementia. The staff were observed to be knowledgeable regarding the residents’ behaviours and helped to prevent the behaviours from escalating. The dementia care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to help prevent the behaviours and to calm the resident if the behaviour escalated. Inspectors identified that some care plans were not person centred and the reactive strategies were not always clear.

Arrangements for safeguarding residents finances were reviewed during the last
There was a transparent recording system in place which logged all transactions and two staff signed each transaction. Residents had easy access to their money at all times, as when the key bearer was absent, the centre covered any expenses and balanced the records later. The provider did not act as an agent to collect the pension of any residents.

Judgment:
Compliant

**Outcome 08: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
The Provider had made arrangements for fire safety training to be provided to staff on an annual basis and when spoken to regarding evacuation procedures, the staff were knowledgeable around the procedure for the evacuation of residents. Evacuation procedures were displayed throughout the centre and the inspectors saw that illuminated directional signage, fire fighting equipment and emergency lighting was provided throughout the centre.

Bedroom doors were wide and all beds were fitted with evacuation sheets. There was records of regular fire evacuation drills. The records showed who took part and what occurred however, on review the inspectors saw that the drills completed were theoretical and did not involve a simulation where residents (or staff playing the role of residents) were evacuated from one zone to another to determine if the centres’ fire procedures were effective or how long this exercise would take.

The centres fire alarm panel was located in the main office and identified the location of the fire by one of four zones. The provider representative confirmed that the system extended to all areas of the centre including the attic and storerooms.

A risk management policy was available which referenced the key areas of risk required by the regulations. There was a risk register available which included both environmental and clinical risks. All staff members had completed training in manual handling. There arrangements in place for recording and investigating incidents and accidents required review. The inspectors reviewed the centres’ accident and incident log and the arrangements for learning for reviewing and learning from incidents that occurred. Falls and near miss events were well described in the log and neurological observations were recorded where a resident sustained an unwitnessed fall or had a suspected head injury. Inspectors were told that the person in charge on duty reviewed
There was no evidence that any meaningful review was completed following one recorded incident where a resident sustained injuries from two similar situations, to identify contributing factors and implement interventions to reduce further incidents.

The centre appeared clean and there were infection control procedures in place, for example, a colour coded cleaning system was in use and had sanitising dispensers were provided throughout the centre which were observed to be in use. There were appropriate waste management arrangements in place for the removal of non-clinical and clinical waste. During the inspection however, inspectors saw that trolleys containing clean bed linen were stored in bathrooms which increased the risk of spread of healthcare associated infections. There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
Inspectors reviewed the medication practices in the centre. All medicines were stored securely and policies and procedures were available to guide practice. Medication was supplied to the centre in blister packs and inspectors were told that residents could choose to retain their own pharmacy if they preferred. There were arrangements in place for all unused and out of date medicines to be returned to the pharmacy.

Medications delivered were checked against prescriptions on delivery to ensure they were correct. Photographic identification was present on each drug chart to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and had been signed by the GP.

The inspectors viewed a sample of residents’ medical notes and observed the evening medication round. The name of the medication, the dosage, the time administered and the signature of the nurse administering the medication was clearly recorded on each medication administration sheets. There was space to record comments on withholding or refusing medications.

A register of the MDAs (medication requiring special controls) was available. There was
evidence that each resident's medication was reviewed every three months by their GP.

Where residents were prescribed PRN or as required' medication the inspector saw that the maximum dosage of medications to be administered was clearly stated. There was a system in place for the recording of medication errors and medication audits were completed but there wasn't always a quality improvement plan identified to address improvements where they were required. An action to address this is included under outcome 2.

**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:**
A record was maintained of all accidents and incidents that occurred in the centre, and the inspector saw that where required the chief inspector was appropriately notified within the required time frame.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

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

**Findings:**
The persons in charge told inspectors that as most admissions were from the locality and most prospective residents were known to them. The person in charge did not
routinely visit prospective residents at home or in hospital but spoke with them or their families by phone. Inspectors reviewed the notes taken in respect of recent admissions which did not include comprehensive information to allow staff to determine if they could meet the prospective residents’ care needs. Inspectors saw that a nursing assessment and a range of risk assessments were completed for all residents once they were admitted to the centre and care plans were then developed based on the care needs identified. Most care plans reviewed contained a good level of detail which allowed the staff to deliver person centred care. For example one care plan reviewed described how the resident liked to have a hot drink at night before bed, say the rosary and have three blankets on their bed.

Care plans for residents with dementia or cognitive impairment had been reviewed in response to the last inspection to include further information about the residents’ dementia and those reviewed included comments such as ‘still recognised some staff and family members’. Inspectors advised the staff to include the names of those who the resident still recognised to make the care plan more person centred.

Residents were screened for weight loss as part of the admission process and were reviewed regularly thereafter. Other risks regularly monitored included the risk of sustaining a fall or developing a pressure ulcer. One resident had developed a grade 2 pressure ulcer. Inspectors reviewed the care provided to this resident. The wound care plan indicated that the wound had improved and then deteriorated again. The care plan in place stated that the resident was cared for on a pressure relieving mattress and had 3 hourly turns but the turning chart available did not evidence this. The statement of purpose submitted described access to a Tissue Viability Specialist (TVN) but a referral had not been made for this resident. The persons in charge were requested to enlist the advice of the TVN during the inspection.

There was evidence that residents were seen regularly by their General Practitioner (GP) and when necessary, residents were transferred to hospital. An out of hours GP service was available. Access to allied health professionals included dietetics, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. These services were summarised in the residents guide and some incurred an additional cost. A physiotherapist attended the centre one day per week. Residents were facilitated to keep their own General Practitioner on admission to the centre if this was their choice. There was evidence in the medical files of access to the General Practitioner.

Systems were in place to prevent unnecessary hospital admissions. Staff had been trained in sub-cutaneous fluid administration and the centre described good links with the palliative care team. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis. Residents who had unintentional weight loss were referred to a dietician and inspectors saw that they reviewed by the dietician and were receiving the food supplement recommended. Information was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, and also residents who required modified
consistency diets and thickened fluids. There was a nutritional care plan in place which referred to dietician review. Residents were facilitated to attend specialist medical appointments. There was evidence that when residents had to be transferred to hospital, appropriate information was sent with them which summarised their specific care needs and any difficulties they had regarding communication or eating.

Inspectors reviewed a selection of care plans. On admission, an assessment of resident’s needs was completed to include activities of daily living, including risk of falls, nutritional care, manual handling and personal care. Inspectors found that care plans were person-centred with residents’ individual needs and preferences recorded. However, some aspects of the care plans reviewed during the inspection required further information. For example, a care plan for a resident with diabetes referenced what the staff should do in the event of the resident becoming hypoglycaemic, however it did not reference the care to be provided if the resident became hyperglycaemic.

Inspectors found that care plans were reviewed no less frequently than at four-monthly intervals and there was evidence on most that the residents and/or their representative was consulted. This was confirmed by the residents spoken with during the inspection and from the questionnaires completed by residents and relatives submitted before the inspection.

Some of the residents were seated in specialist wheelchairs that had to be tilted during transportation. Two notifications of injuries to residents had been reported by the persons in charge involving these chairs. Footplates had been fitted to all chairs and inspectors confirmed that the staff had been instructed to ensure the residents’ feet were correctly positioned on the foot plates before moving; however, there was no corresponding seating assessments for any of these residents. The persons in charge stated that a referral to an occupational therapist had been submitted for these residents; however, there was a considerable wait for this service through the HSE (Health Service Executive). No alternative arrangements had been made for residents to be assessed privately. Inspectors requested seating assessments be completed for these residents and the suitability of their current seating. Inspectors requested seating assessments be completed for these residents and the suitability of their current seating.

Judgment:
Non Compliant - Moderate

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

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

Findings:
The centre is single storey and was well maintained and decorated with home like furnishings. It comprised two large day rooms to the front of the centre. There is also an oratory which is used by families when visiting the centre, a dining room and conservatory. The building was free of trip hazards, steps and slopes. There were handrails on all corridors to assist residents.

There are 14 single bedrooms ranging in size from 9m² to 11.2m² and 11 two bedded rooms ranging in size from 14.5 m² to 17.3m². All bedrooms were personalised and had an ensuite toilet and wash hand basin. Some of the two-bedded rooms were small for two resident and the beds were positioned against the wall which would make it difficult to assist residents who required a hoist or the assistance of two staff. There was only armchair provided in some of these two-bedded rooms.

The National Standards for Residential Care Settings for Older People in Ireland 2016 requires that a ratio of one accessible bathroom be provided for every 8 residents. There were only three bathrooms provided in this centre. Two had an accessible shower and an accessible shower and a standard bath. Locks were fitted to all doors to ensure privacy. Inspectors also saw that some toilets had raised toilet seats affixed which were not secure or safe for residents.

Communal areas were large with appropriate furnishings which gave them a home like appearance. Both rooms overlooked the front of the centre and had good natural light. While there was a secure outdoor patio, it did not have suitable garden furniture to make the area more accessible. This area was accessed through the dining room and the door was linked unlocked on the day of inspection.

Inspectors identified that storage space provided was inadequate. This was evidenced by the storage of equipment such as wheelchairs in the oratory and the storage of clean linen on trolleys in the bathrooms. This was identified on the last inspection when inspectors saw boxes of supplies stored in the bathrooms and the equipment such as nebulisers and wheelchairs in the oratory.

New signage had been provided on some doors, for example on the sitting rooms and the oratory and dining room, however some toilet and bathrooms were not identified by signage and the signs installed did not include pictures to aid recognition. Bedrooms doors had pictures of different flowers to aid recognition.

The centre has a sufficient amount of assistive equipment for the needs of the residents. The kitchen in the centre was large and adequately stocked and equipped to allow for variety at mealtimes. Call bell facilities were available and well monitored in the centre however inspectors observed that the staff had to come to the office to identify which resident required assistance.
### Judgment:
Non Compliant - Moderate

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

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

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

**Findings:**
A complaints policy was available and the procedure was displayed in the centre. A complaints log was maintained but from a review of the log there were no recorded complaints since mid-2015. On the previous inspection, the inspectors identified that there was no system to capture issues raised informally to staff. This issue was not addressed and inspectors found that there was still no system for recording day-to-day concerns not categorised as serious.

In one resident's care notes for example, staff had recorded that a relative was not happy with a resident's care however there was no evidence that this was seen as a complaint and no apparent review by management of the issues of concern. Residents who spoke with the inspectors and those who completed questionnaires said that the staff were responsive to any areas of concern and addressed any issues arising promptly however the systems in place did not allow for management to review any issues arising to prevent a reoccurrence and to improve the overall quality of the service. The contact details of the office of the Ombudsman were recorded in the policy.

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

**Findings:**
The person in charge stated that the centre received good support from the local...
palliative care team when required. The inspectors reviewed the files of a resident who had recently died in the centre. The daily records indicated that the residents family were facilitated to remain with the resident and the palliative care team provided assistance and support. Good communication with the family was recorded and the death was appropriately notified to the coroner.

There was evidence that residents were consulted regarding their spiritual wishes in the event that they became seriously ill and were unable to speak for themselves. The inspector reviewed a sample of care plans which recorded that the residents wanted to be anointed by a priest; however, other end of life wishes and preferences were not always captured such as whether the resident wanted to be transferred to hospital or remain in the centre and who the resident wanted to be present with them at time of death.

None of the current residents had a DNR (Do Not Resuscitate) notices recorded on their care notes and there no current procedures in place to assist resident's to make a decision about their resuscitation status. The persons in charge said that this was an area identified for review and they were working with the GPs to capture this information.

**Judgment:**
Substantially Compliant

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**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:**
Appropriate systems in place to ensure that each residents' nutritional needs were met. The inspectors observed that residents were assisted with their meals discreetly by staff and there was plenty of conversation during the meal. Residents were weighed on admission and this was repeated on monthly basis.

Inspectors’ review a sample of care plans for residents identified as having unexplained weight loss. Care plans reviewed were linked to the nutritional assessment. Residents were referred appropriately to a dietician and there was a nutritional care plan in place which referred to dietician review. Inspectors saw that these residents were receiving the food supplement recommended by the dietician.

Information on the residents likes, dislikes and special nutritional needs was communicated to the catering staff and inspectors saw a list of special diets such as
diabetic, high protein and fortified and modified consistency diets was displayed in the kitchen.

There were two meal sittings and those who required assistance had their meal first. Snacks and drinks were offered in between meals and residents said they were satisfied with the choice, quality and timing of their food.

**Judgment:**
Compliant

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**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

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

**Findings:**
On the last inspection, inspectors identified that recording of activities consisted of a checkbox as to whether or not a resident participated in activities that day and no records were kept on the residents' level of participation or on activities for residents who did not have capacity to attend group activities. This had been addressed. And a new system put in place to allow staff to record the activities each resident participated in and their level of participation.

Residents spoken with described very person centre care. For example one resident whose husband was recently deceased told inspectors that the staff had put together a collage of photographs which they had framed and was displayed in her bedroom.

There was no designated activities coordinator employed and care assistants were instead deployed daily to assist residents to engage in meaningful activity. An activities schedule was displayed which showed one activity each day. Examples of activities were bingo, Sonas (a therapeutic activity for residents with dementia), live music by a local musician, gardening, cards and board games. There was a weekly €10 fee for these activities. The provider confirmed that residents can opt out of paying this fee if they choose.

A residents' forum was established and meetings took place quarterly. Inspectors reviewed the minutes of the last meeting which was attended by 16 residents which included the residents’ enjoyment of their outing at the Ballinrobe races and to Foxford.
Woollen Mills. The minutes did not include an action plan to address any issues arising or say which staff member would take responsibility for completing the action.

An independent advocate had attended these meetings in the past; however there was no independent advocate available to residents in the centre as required by the regulations. A recent satisfaction survey had also been completed and inspectors saw that the results were predominantly positive.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 17: Residents' clothing and personal property and possessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

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

**Findings:**
The inspectors saw that each resident had adequate space to keep their belongings, including a secure lockable storage unit. Each resident had their own wardrobe and locker. Clothing was arranged neatly and each item checked was labelled. A property list was completed with an inventory of all residents’ possessions on admission and this was updated as new property was brought in but inspectors saw that all new property was recorded collectively on one list which was not best practice.

The centre provided a laundry service for all residents’ clothing. The inspectors reviewed the laundry facilities and saw that a system was in place where all laundry was sorted at source to prevent infection spread and a colour coded system was use to distinguish different types of laundry. Alginate bags which dissolve in the washing machine were used for soiled laundry. However, there was no system in place for storage identifying each resident’s belongings in the laundry.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 18: Suitable Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
</tr>
</tbody>
</table>
### Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
Inspectors reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Additional staff had been recruited since the last inspection which had ensured nursing staff sufficient time to become familiar with the new care planning system. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were observed to be respectful towards residents and were available to assist and supervise residents. Residents were complimentary of the staff and described them as kind and caring.

The normal allocation of staff on duty was one nurse (in addition to a person in charge) and four care assistants in the morning; this reduced in the evening to one nurse and three care assistants until 10pm and at night there one nurse and two care assistants on duty. As discussed under outcome 17, only one staff member was assigned to cleaning and laundry duties. Consequently this duty had to be completed by care staff on duty at night which may detract from their care duties. This arrangement requires review.

A staff training programme was on-going. All staff had up to date training in fire safety, adult protection and manual handling. Additional training was provided on dementia, managing responsive behaviours, infection control, nutrition and wound care. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were available for all registered nursing staff employed. Staff are kept informed on changes to residents’ health status through handover meetings, care plans and daily diaries. Staff meetings took place infrequently with the records available indicating meetings were held twice in the previous year.

The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. There was evidence of An Garda Síochána vetting for the staff whose files were reviewed and the person in charge confirmed that all staff working the centre had been appropriately vetting.

**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:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose did not reference the centres policy on emergency admissions.
The information on activities did not reference how residents were assisted to engage in social activities or the specific therapies provided to residents who could not participate in the organised activities.
It did not include details of the €10 weekly charge for activities.

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

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose has been amended to include reference to the Emergency Admissions policy, Activities fee of 10 Euro weekly per resident, and resident participation in organised and other activities.

**Proposed Timescale:** 11/01/2018

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**Outcome 02: Governance and Management**

**Theme:**
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
During the inspection inspectors identified that additional training in auditing the quality and safety of care was required to develop this area as identified under outcome 2.

2. **Action Required:**
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
Training in the audit process has been organised for key staff members on 27/03/2018.

**Proposed Timescale:** 27/03/2018

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**Theme:**
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no recorded evidence available to evidence that a management review of serious incidents took place and no evidence of any ongoing monitoring of manual handling practices to ensure that manual handling practices were safe and to ensure learning from previous incidents.

3. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.
Please state the actions you have taken or are planning to take:
For 2018 all accidents will be audited and reviewed 3 monthly and any identified actions put in place.
Manual handling training will include the use of wheelchairs and reclining chairs.
The importance of correct use of chairs will be highlighted to all staff at handovers and by staff notices.
Spot checks will be carried out monthly and documented.

**Proposed Timescale:** 04/01/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The annual report on the quality and safety of care did not reference the findings from various audits or include any quality improvement plan to address areas where the audits identified deficiencies.

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

Please state the actions you have taken or are planning to take:
The annual review for 2017 will include the key findings resulting from audits carried out in 2017 and the resulting plans for improvement for the health and safety of residents.

**Proposed Timescale:** 31/01/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that residents or their families were involved in the annual review.

5. **Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
Families and residents will be invited to give their opinions for inclusion in the annual
review for 2017 by notices posted throughout the Nursing Home.

**Proposed Timescale:** 31/01/2018

### Outcome 03: Information for residents

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The contacts of care reviewed did not clearly state whether the resident would occupy a single or double bedroom.

**6. 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 newly revised contracts contain this information on the nursing home accommodation.

**Proposed Timescale:** 04/01/2018

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspectors saw that some care plans indicated that residents should have 3 hourly turns however the turning charts available did not support this.

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

**Please state the actions you have taken or are planning to take:**
All staff have been re-educated in the use of recording of turning charts in V-Care care-plan.

**Proposed Timescale:** 04/01/2018
### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There arrangements investigating incidents and accidents required review. as there was no evidence that any meaningful review was completed following an incident where a resident sustained injuries in two similar situations.

**8. Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The accident report form has been reviewed.  
For 2018 all incidents and accidents will be audited and reviewed 3 monthly and any identified actions for the improvement of safety will put in place.

**Proposed Timescale:** 04/01/2018

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**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Trolleys containing clean bed linen were stored in bathrooms which increased the risk of spread of healthcare associated infections.

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

**Please state the actions you have taken or are planning to take:**
Linen trolleys have been removed from bathrooms.

**Proposed Timescale:** 10/11/2017

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**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Fire drills completed were theoretical and did not involve a simulation where residents (or staff playing the role of residents) were evacuated from one zone to another to
determine if the centres’ fire procedures were effective or how long this exercise would take.

10. **Action Required:**
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
From Jan 2018 fire drills will involve simulation of events in the case of fire including the evacuation from one zone to another and the time involved in these actions.

**Proposed Timescale:** 04/01/2018

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A care plan for a resident with diabetes did not reference the care to be provided if the resident became hyperglycaemic.

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

Please state the actions you have taken or are planning to take:
Residents with diabetes care-plans now include actions to be taken if the resident becomes hyperglycaemic.

**Proposed Timescale:** 30/11/2017

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some of the residents were seated in specialist wheelchairs that had to be tilted during transportation and the suitably of these chairs had not been assessed.

12. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Chnáimhseachais.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The assessment of residents who are cared for in the specialist wheelchairs will be commenced by an Occupational Therapist starting on 17/01/2018 and will continue on the 24/01/2018 and 31/01/2018.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/01/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
</tbody>
</table>

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The care plan for a resident who developed a wound indicated that 3 hourly turns were required to prevent a deterioration in the wound but the turning chart available did not evidence that this was taking place.

**13. Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
Staff have been re-educated in the proper use of recording of the turning charts in V-Care care-plan.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/11/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A timely referral had not been made for some residents to see an occupational therapist and one resident to see a Tissue Viability Specialist.

**14. Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
Referrals to Occupational Therapist for a number of residents have been made on several occasions to HSE to be informed that community OTs do not deal with residents of private nursing homes.

The assessment of residents who are cared for in the specialist wheelchairs will be commenced by an Occupational Therapist starting on 17/01/2018 and will continue on the 24/01/2018 and 31/01/2018. The services of an OT will be available on a scheduled basis to residents commencing 31/01/2018.
A referral for the Tissue Viability Nurse has been made for a resident 1/12/2017

**Proposed Timescale:** 31/01/2018

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some of the two-bedded rooms were small for two resident and the beds were positioned against the wall which would make it difficult to assist residents who required a hoist or the assistance of two staff.

There were only three bathrooms provided for 24 residents which is not in compliance with the National Standards for Residential Care Settings for Older People in Ireland 2016

There was inadequate storage space provided for equipment in the centre.

The enclosed garden did not have appropriate stable garden furniture provided

15. **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:
1) All beds in the Nursing Home are electronic and can be easily moved to assist residents who need the assistance of two staff members and/or equipment 4/1/2018.

2) There are three bathrooms currently provided and a newly designed extension will include the correct number of bathrooms to cater for residents and to comply with the regulations. Which is one bathroom for every eight residents. (31/12/2019)

3) Storage has been reconfigured in the nursing home to provide more space for equipment 13/1/2018.

4) The garden furniture was in storage at the time of the inspection 4/1/2018

5) We are forwarding on plans of the current building with details of the building layout and measurements. 11/01/2018
Proposed Timescale: 1) 04/01/2018, 2) 31/12/2019, 3) 13/01/2018, 4) 04/01/2018 and 5) posted 11/01/2018

**Proposed Timescale:** 31/12/2019
### Outcome 13: Complaints procedures

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no system to capture issues raised informally to staff.

There was no system for recording day-to-day concerns not categorised as serious.

**16. Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Concerns made informally to staff will be recorded in a concerns folder in Nurses office

**Proposed Timescale:** 04/01/2018

### Outcome 14: End of Life Care

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
End of life wishes and preferences were not always captured such as their resuscitation status, whether the resident wanted to be transferred to hospital or remain in the centre and who the resident wanted to be present with them at time of death

**17. Action Required:**
Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
Information gathering with regard to End of Life and wishes of residents towards the End of Life will be expanded with the assistance of residents and their families. They will be invited to discuss these matters with the nurses with a view to including the information in their care plan.

**Proposed Timescale:** 30/06/2018
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no independent advocacy service available.

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

**Please state the actions you have taken or are planning to take:**
An independent advocate is available to residents by Sage but currently only in cases of emergency. Residents meetings are held currently with the help of a staff member.

**Proposed Timescale:** 04/01/2018

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**Outcome 17: Residents' clothing and personal property and possessions**

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All new items brought in to the centre for residents were recorded collectively on one list rather than individually for each resident which was not best practice.

There was no system in place for temporary storage identifying each residents belongings in the laundry.

19. **Action Required:**
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

**Please state the actions you have taken or are planning to take:**
A recording system is in place to individually record belongings that are brought in to residents after admission. 30/11/2017
Residents clothing is returned to the resident on a daily basis and for short term storage each resident has their own individual clothes basket in the hot-press

**Proposed Timescale:** 30/11/2017

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Only one staff member was assigned to cleaning and laundry duties and this arrangement requires review.
20. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The cleaning and laundry system will be reviewed with the assistance of management and staff members to identify if there are any areas of efficiency and put any changes in place.

**Proposed Timescale:** 28/02/2018