

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riada House Community Nursing Unit
Centre ID:	OSV-0000529
Centre address:	Arden Road, Tullamore, Offaly.
Telephone number:	057 935 9985
Email address:	geraldine.kinnarney@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 February 2018 09:30 To: 01 February 2018 17:45

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection to monitor progress with completion of the action plan from the last inspection in November 2017. The inspector found that eight of the 14 actions in the action plan were completed and five were progressed but not completed. Two of the actions not completed were still within timescales for completion specified by the provider and three actions were not completed within the timescales specified by the provider. These actions are restated in the action plan with this report.

Systems to monitor the quality and safety of clinical care and the quality of life for residents were in place and an electronic data management system introduced since the last inspection supported development and tracking of improvement actions to completion. There was also evidence of improved oversight of the service by the provider.

Improvements were observed in access for residents to a physiotherapy service. However resources were not available to provide occupational therapy and speech and language therapy for residents as described in the statement of purpose. The lack of speech and language therapy impacted especially on residents with

communication support needs.

Refurbishment works was in progress during the inspection. One unit was refurbished and the refurbishment of the second unit was at an advanced stage and due for completion in April 2018. However a four bedded room and two twin rooms in the refurbished unit did not meet the needs of residents. The layout and size of the bedrooms negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents. Insufficient space and access to wardrobes did not support residents to retain control over their personal clothing and possessions. The action to address this non-compliance had not been progressed.

Additional staffing resources were provided since the last inspection to give residents opportunities to participate in organized activities facilitated over seven days each week. However the organization of group activities and use of the facilities available required review to ensure residents who were unable to participate in group activities and residents who remained in their bedrooms had sufficient access to appropriated activation to meet their social needs.

Arrangements were implemented to ensure complaints were appropriately logged and managed to satisfactory resolution.

The Action Plan at the end of this report identifies improvements that must be made 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 Quality Standards for Residential Care Settings for Older People in Ireland 2016.

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 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):

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

Findings:

There was evidence that all actions in the action plan from the last inspection had been progressed and some of these actions were completed. The management structure in place outlined the lines of authority and accountability. However, the registered provider had not ensured the designated centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. For example, timely access to occupational and speech and language therapy was not provided and this impacted on residents.

A system was in place to monitor the quality and safety of care and quality of life for residents. Since the last inspection, an electronic system had been implemented to support data management. Action plans with responsibilities assigned and timescales for completion were detailed to address areas identified as needing improvement. There was evidence that these actions plans were being reviewed and tracked to inform continuous quality improvement process. Oversight by the provider was improved. The person in charge met with the general manager regularly. All aspects of the service were reviewed at this forum.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Action was in progress to address unsecured access to several storage rooms that contained items such as clinical waste, hazardous solutions and clinical supplies. Secure storage cupboards within these rooms for potentially hazardous solutions and chemicals were fitted. Risk assessment of the hazard posed included a control that specified closure of the doors to the rooms pending fitting of key code locks. However, the interim measure of closing doors did not prevent free access by vulnerable residents or others to potentially hazardous clinical waste which could harm them.

As found on the last inspection, hand hygiene practices observed were in compliance with best practice guidelines. Staff had access to personal protective equipment as necessary. Hygiene audits completed as part of the system in place for monitoring the service's quality and safety included review of equipment storage and cleanliness of sinks. The inspector did not observe any inappropriately stored items and sinks were visibly clean. Cleaning schedules were in place and were up-to-date. A three-day training programme was underway on the days of inspection to ensure cleaning staff had the necessary knowledge and skills to protect residents and ensure safe infection prevention and control practices. All areas of the centre accessible by residents were visibly clean.

There were procedures and practices in place to ensure residents were protected from risk of fire in the centre. Procedures to be followed in the event of a fire were displayed in the reception area of the centre. Notices advising on the actions to take in the event of a fire were displayed at various points throughout the centre.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 29 residents residing in the centre on the day of this inspection. Twenty

residents had assessed maximum dependency needs, four residents has high dependency needs and five residents had medium dependency needs. From examination of a sample of residents' care plans the inspector found residents' needs were assessed and person centred care plans were developed to inform their care needs. Care plans were updated on a three monthly basis or in response to a change in a resident's health.

Access to allied health professionals was a non-compliance on the previous inspection. A physiotherapist was recruited since the last inspection to provide 7.5 hours therapy each week to residents in the centre including follow-up treatments. However, timely access to occupational therapy and speech and language therapy services was not assured. Residents with swallowing difficulties were assessed by a speech and language therapist since the previous inspection. However the speech and language therapist had recently gone on planned leave and there were no interim arrangements in place to provide speech and language therapy. This impacted on the health and wellbeing of residents. The inspector found that young residents with significant communication difficulties, secondary to acquired brain injury did not have timely and appropriate access to speech and language therapy services. One resident was waiting for over three months for a speech and language assessment and another resident who required ongoing speech and language therapy was not receiving the service. Some residents had basic communication aids and the inspector observed that staff made good efforts to effectively communicate with residents using these aids. However one resident's wishes for assessment for use of electronic communication aids was not completed to date. Although no residents were awaiting occupational therapy assessment at the time of this inspection, access was not assured for new residents or follow-up for current residents. Staff had received no indication about when speech and language or occupational therapy services would be made available. These findings did not provide sufficient assurances that all residents in the centre had timely and appropriate access to speech and language and occupational therapy services. Consequently, positive outcomes for residents could not be assured.

Residents had access to specialist expertise such as psychiatry of older age, psychology, dietician, tissue viability and palliative care services. A podiatry service was put in place for residents since the last inspection.

The Deputy Chief Inspector met with the provider nominee to discuss the findings of the previous inspection, including the need for residents to have appropriate access to allied health professionals. The provider organized for physiotherapy services to be made available. However occupational therapy was not provided as specified in the statement of purpose, and measures put in place for speech and language therapy were not adequate and impacted on the health and welfare of some residents.

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:

Residents' accommodation was arranged in two units in the centre. Refurbishment of one unit was completed. However, the layout and design of a four bed multiple occupancy bedroom and two twin bedrooms in the refurbished unit did not meet the needs of residents. The provider advised in the action plan following the last inspection that the four bed multiple occupancy room would be reduced to three beds and the layout of this room and the two twin bedrooms would be reviewed to ensure residents needs were met. However, the inspector observed that no changes had been made to the layout of these rooms since the last inspection. Refurbishment work to the second unit was in progress during this inspection. The person in charge advised the inspector that it was at an advanced stage and would be completed by April 2018. The impact of the works on residents was monitored and minimized as necessary. The building site was secured to prevent unauthorized access.

Residents had access to a number of communal areas, including a large sitting and dining room, a smaller sitting room, reception area with comfortable seating, an oratory and a sensory room. The sitting and dining room was separated by full height screening which promoted residents' privacy and comfort. Most residents' bedrooms were personalised with photographs, possessions and ornaments.

Since the last inspection, bed screen rails had been reviewed and the inspector found that screens could be extended to fully enclose individual bed areas. However, as previously stated, the layout and design of two twin bedrooms and a multiple occupancy bedroom accommodating four residents continued to negatively impact on the freedom, choice, privacy, dignity and autonomy of residents residing in these bedrooms. These findings are discussed and actioned in Outcome 16 and 17.

The inspector observed that the action requiring review of the placement of the toilet roll holders was satisfactorily completed and ensured residents could access this equipment with improved ease.

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):

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

Findings:

The procedure for recording and managing complaints was reviewed since the last inspection. No complaints were received since the last inspection. The person in charge is the complaints officer for the centre. Recording of complaints in residents' care documentation had been ceased. Arrangements were in place to record all complaints in an appropriate and dedicated record that would include details of investigations completed, discussion of the outcome with complainants and whether they were satisfied with the outcome of investigations. An appeals process was available. Residents had access to advocacy services to support them with making a complaint as necessary. A process was in place to for discussion of complaints received at the governance meeting with the general manager.

Residents spoken with confirmed to the inspector that they were satisfied with the service and were aware they could express any dissatisfaction they had.

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):

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

Findings:

Since the last inspection, action had been taken to address the issues relation to the use of closed circuit television. The signage highlighting the use of 'concealed CCTV' was reviewed. Although this signage was still displayed on the day of inspection, the inspector was assured that no concealed CCTV was in use. Appropriate signage to inform residents and others that CCTV cameras were in use on the corridors and on entrances were ordered and delivery was expected. Monitoring screens for the CCTV

had been removed from residents' sitting rooms and were moved to a location where access to them was controlled. A policy was in place informing use of CCTV in the centre.

Several issues were identified on the last inspection regarding the layout and design of two twin bedrooms and a four bedded, multiple occupancy bedroom that negatively impacted on the privacy, dignity, freedom, choice and autonomy of residents. On this inspection the inspector observed that the tracks for ceiling hoists in the twin bedrooms had been modified and the bed screens closed fully around residents' bed spaces. The televisions in the four bed multiple occupancy bedrooms had been lowered to a level that improved comfort with viewing. Discreet listening equipment had been ordered to facilitate residents with choice regarding their television viewing and listening. However, the inspector noted that space in two twin rooms and the four bedded room were too constrained to accommodate a chair by the bedside. The final phase of an internal refurbishment project was underway on the days of inspection and the provider advised that completion was expected by April 2018. The inspector was told by the person in charge that all bedrooms in the areas being refurbished were each designed to provide accommodation for no more than two residents. Additional communal areas would also be available.

The arrangements for meeting residents' activation needs in the centre had been reviewed since the last inspection. An additional member of staff was recruited to facilitate residents' activities. The inspector saw that a variety of meaningful activities were provided in the communal sitting room and sensory room seven days each week. The inspector found that although activities provided for residents were varied and meaningful, the organization of activities required review to ensure residents were provided with choice and comfort regarding their participation in activities that interested them. Although there was a second sitting room available, activities were facilitated for the majority of residents in the sitting/dining room during the day and all residents moved to the other sitting room in the evenings. This arrangement did not optimize the facilities available to provide choice for residents regarding the activities they attended. The inspector observed that while most residents tried to participate in the activities provided on the day of inspection, the scheduled activity did not interest a small number of residents in the group or a number of residents who remained in their bedrooms. The activity coordinator tried to ensure residents needing one-to-one interaction had access to activities that interested them. However the records reviewed by the inspector referenced that one-to-one activities were facilitated for most of these residents on a once weekly basis. These findings did not provide assurances that the aforementioned residents had sufficient access to activities that met their interests and capabilities. The activity coordinator was enthusiastic regarding her work and knew residents well. Records were maintained regarding each resident's level of participation and engagement to ensure the activities facilitated for them met their interests and capabilities. The communal sitting rooms were decorated to include familiar memorabilia and furnishings. The activity schedule was displayed in a format that could be easily seen.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Although progressed, the action was not completed from the last inspection in relation to inadequate provision of space for residents to store their clothes and personal possessions. Some residents' wardrobes did not provide reasonable space for storage of their clothing. The inspector observed that some residents' wardrobes were located too close to their beds or were located on walls outside their bed areas. Consequently not all residents could access their wardrobes or exercise control over their clothing and personal possessions. The inspector was told by the person in charge that plans were underway to replace and relocate wardrobes and ensure residents could access them and retain control over their clothing and possessions.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The numbers and skill mix of staff were appropriate to the needs of residents. However, as discussed in outcome 16, the organization of activities required review to ensure

residents had choice regarding the activities they attended and residents with one-to-one interaction needs had sufficient access to activities. There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the days of inspection was reflected in the roster. The inspector was informed by the person in charge that staffing levels were reviewed on an on-going basis to meet the changing needs of residents. One resident had one-to-one supervision needs during the day and staffing was increased accordingly. Staff were appropriately supervised.

Staff had access to mandatory and professional development training. The training records indicated that all staff had completed mandatory training in safeguarding residents, safe moving and handling procedures and fire safety. Staff development training needs were informed by the needs of residents and annual performance appraisals completed by the person in charge. At the time of this inspection cleaning staff were attending training on infection prevention and control standards. A record of the current registration details of all staff nurses working in the centre was maintained and was up-to-date.

There was a policy in place to inform recruitment, selection and vetting of staff. An induction programme was in place for newly recruited staff and the person in charge had arrangements in place to ensure all new staff were appropriately supervised. While the person in charge informed the inspector that all staff were appropriately vetted, vetting disclosures were not held on-site. Vetting disclosures were forwarded to the inspector following the inspection for four staff as requested. The samples of four staff files examined by the inspector were found to contain all other information as required by Schedule 2 of the Regulations.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Riada House Community Nursing Unit
Centre ID:	OSV-0000529
Date of inspection:	01/02/2018
Date of response:	07/03/2018

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The registered provider had not ensured the designated centre had sufficient occupational therapy and speech and language therapy resources to ensure effective delivery of care in accordance with the statement of purpose.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

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

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:

1. Occupational Therapy. An occupational therapist (OT) will be onsite in Riada House one (1) day per week to monitor, assess and review OT needs for the residents.
2. Speech and Language Therapy. A Speech & Language Therapist (S<) will be on site in Riada House one (1) day per week to monitor, assess and review S< needs for the residents.

Proposed Timescale: 28/03/2018

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:

The interim arrangement of closing doors did not prevent free access by vulnerable residents or others to potentially hazardous clinical waste which could harm them.

2. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

1. Keypad locks have been installed.

Proposed Timescale: 07/03/2018

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Residents in the centre did not have timely access to speech and language and occupational therapy services.

Residents with communication difficulties were adversely impacted by failure to provide speech and language services.

3. 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:

1. Occupational Therapy. An occupational therapist (OT) will be onsite in Riada House one (1) day per week to monitor, assess and review OT needs for the residents.
2. Speech and Language Therapy. A Speech & Language Therapist (S<) will be on site in Riada House one (1) day per week to monitor, assess and review S< needs for the residents.

Proposed Timescale: 28/03/2018

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:

The layout and design of two twin bedrooms and a multiple occupancy bedroom accommodating four residents continued to negatively impact on the freedom, choice, privacy, dignity and autonomy of residents residing in these bedrooms.

4. Action Required:

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

Please state the actions you have taken or are planning to take:

1. The 4 bedded room will be converted to a 3 bedded room and will accommodate respite clients based on their lower dependency levels. This will allow for greater space for the long term care residents and will improve dignity and autonomy.
2. HIQA did not agree this part of the action plan with the provider despite affording the provider two attempts to submit a satisfactory response regarding two twin bedrooms.
3. Quotations are being sought under the procurement policy for pull out screens for multi occupancy and twin bedrooms in order to provide additional privacy and dignity.

Proposed Timescale: 30/04/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Although there was a second sitting room available, activities were facilitated for the majority of residents in the sitting/dining room during the day and all residents moved to the other sitting room in the evenings.

5. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:

1. Both the sitting rooms are available for use by residents 24 hours a day. This has been communicated to residents and staff. It will be the residents' choice where they would like to sit during the day/evening and supervision will be available in both areas.
2. There is a snoozelan room also available for group or one to one activities.

Proposed Timescale: 07/03/2018

Theme:

Person-centred care and support

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

The organization of activities required review to ensure residents were provided with choice and comfort regarding their participation in activities that interested them.

Residents uninterested in group activities and residents who remained in their bedrooms did not have sufficient access to activities that met their interests and capabilities.

6. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

1. All residents on admission to Riada House are welcomed and met by the Activities Co-ordinators. This meeting includes a review of their interests and hobbies. PAL and key to me are completed during this time.
2. A full review of the resident's care plan takes place every four (4) months (or more frequently as required) to ensure compliance and that a person centred approach is being taken which includes a full review of activities.
3. All activities are planned to include resident's choice, including one to one activities. A diverse range of activities are available to meet their individual needs which are documented in each resident's care plan.
4. Satisfaction surveys and residents forum provide feedback for quality improvement purposes.
5. Residents will be reassessed if there is a change in their current capacity.
6. List of programmed activities are available as agreed at residents forum.

Proposed Timescale: 07/03/2018

Theme:

Person-centred care and support

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

The layout and design of two twin bedrooms and a four bed multiple occupancy bedroom negatively impacted on the residents' dignity, freedom, choice and autonomy.

7. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:

1. The 4 bedded room will be converted to a 3 Bedded room will be used to accommodate Respite clients based on their lower dependency levels. This will allow for greater space for the residents and improve dignity and autonomy.
2. HIQA did not agree this part of the action plan with the provider despite affording the provider two attempts to submit a satisfactory response regarding two twin bedrooms.
3. Quotations are being sought under the procurement policy for pull out screens for multi occupancy and twin bedrooms to provide additional privacy and dignity.

Proposed Timescale: 30/04/2018

Theme:

Person-centred care and support

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

CCTV was utilised in the centre, however, the signage throughout the centre highlighted that there was 'concealed CCTV' in use.

8. Action Required:

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

Please state the actions you have taken or are planning to take:

New appropriate signage is now in place throughout the building.

Proposed Timescale: 07/03/2018

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:

Not all residents could exercise control over their clothing or had sufficient access as their wardrobes were located within very close proximity to their beds or were located on walls outside their bed areas.

9. 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:

New wardrobes have been ordered for the twin and multi occupancy rooms and are to be fitted by the end of March 2018.

Proposed Timescale: 31/03/2018

Theme:

Person-centred care and support

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

Some residents' wardrobes did not provide reasonable space for storage of their clothing.

10. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:

1. Additional shelving has been ordered for the residents personal possessions and is due to be fitted by the end of March 2018.
2. New wardrobes have been ordered for twin and multi occupancy rooms and are to be fitted by the end of March 2018.

Proposed Timescale: 31/03/2018