

**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.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Breeda Desmond
Type of inspection	Announced
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 November 2017 09:00 To: 28 November 2017 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an announced inspection to monitor on-going compliance with the regulations and national standards and to inform a renewal of registration decision. Inspectors also followed up on progress with the action plan from the last inspection in August 2017. Four of the actions in the action plan were completed and nine were not completed. Some of the actions not completed were still within timescales for completion specified by the provider and although others were progressed, they were not completed within the timescales specified by the provider. These actions are restated in the compliance plan with this report.

Unsolicited information received in November 2017 in relation to food and nutrition, access to allied health professionals and cleanliness of the environment and were also reviewed on this inspection and findings are discussed throughout the report.

Improvements were noted in the areas of nursing assessments and care planning. Following the previous inspection residents had physiotherapy, occupational therapy and speech and language assessments. There was evidence that specialist advice was implemented, with positive outcomes for some residents. However resources

were not available to provide ongoing physiotherapy treatments. Staff reported that some residents referred for speech and language services were awaiting assessment. Consequently, continuity of timely and appropriate access to these specialist services and positive outcomes for residents was not assured.

There was evidence to show that residents were protected and safeguarded. Inspectors observed that staff were respectful and kind in the way they spoke with residents, and offered and delivered assistance. Residents and visitors gave positive feedback to inspectors about the quality of care and their ability to bring any concern to nurse management. Nine pre-inspection questionnaires were received by the inspectorate from six residents and three relatives. Inspectors also spoke with four residents' relatives and ten residents during the inspection. Issues that were highlighted included the space available in some bedrooms, the diminutive size of wardrobes and reduced activities in the evenings and at weekends.

Systems to monitor the quality and safety of clinical care and the quality of life for residents had improved but required further attention to ensure that issues identified were actioned and followed up on as part of quality improvement in the centre.

Refurbishment works was in progress during the inspection, however, the layout and size of one multiple occupancy and some twin bedrooms negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents.

Staff roles, responsibilities and supervision continued to require improvement.

Improvements required in relation to the overall management of complaints remained outstanding from the last inspection.

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 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 statement of purpose detailed the aims, objectives and ethos of the centre and outlined the facilities and services provided for residents. The document was reviewed on 04 Oct 2017 and contained the required information in relation to the matters listed in schedule 1 of the regulations.

The document was available to residents.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

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, while there was an activities co-ordinator, they were only

available in the morning from Monday to Thursday. The negative impact on outcomes for residents was highlighted in some of the returned questionnaires. Inspectors were told that recruitment of additional care was in progress. However the risk register identified risks associated with the need for additional specialised staff, this was not yet remedied by the provider.

An annual review for 2016 of the quality and safety of care to ensure that such care was in accordance with relevant standards set by the Authority was available on inspection. Examples of clinical audits undertaken included hand hygiene, falls, care plans, medication management with psychotropic usage, infection prevention and control. Audits had action plans with responsibilities assigned and timescale detailed, but, they were not informing continuous quality improvement due to insufficient oversight to ensure that action plans were implemented. This had the potential to negatively impact on the safety and welfare of residents.

Since the last inspection opportunities were improved for residents' to participate in the organisation of the centre with regular resident meetings. These meeting were well attended and the minutes recorded active discussion. The frequency of staff team meetings were convened monthly. In addition, topics were brought to hand-over meetings at ward level by the clinical nurse manager (CNM2) with reciprocal arrangements for items to be brought back to the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was full time in post; was suitably qualified and had the necessary experience as required by the regulations. She had authority and took responsibility for the service. She demonstrated sufficient clinical knowledge and had sufficient knowledge of the legislation and her statutory responsibilities. The CNM2 deputised for the person in charge when required. Inspectors observed that residents were familiar with the person in charge and knew her by name. Relatives gave positive feedback regarding access and responsiveness of the person in charge to their concerns.

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):

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

Findings:

A risk management policy was in place. Hazards were identified but the controls to mitigate associated risk were not consistently implemented. For example, there were several storage rooms identified as hazardous areas as they contained items such as clinical waste, hazardous solutions and clinical supplies. Although a hazard control specified that they should be kept secured; most were unsecured enabling free access which could have a potentially harmful outcome for residents.

Hand hygiene practices observed were in compliance with the best practice guidelines for hand hygiene. Staff had access to personal protective equipment as necessary. Hygiene audits were completed as part of the system in place for monitoring the service's quality and safety; however, these did not consistently improve practice. For example, the worktop in one party has several items inappropriately stored such as the footrest from a wheelchair; a sink in the room off another party was visibly unclean. Cleaning staff did not have training appropriate to their role to protect residents and ensure safe infection prevention and control practices.

While there were precautions to protect residents regarding fire safety, procedures to be followed in the event of a fire were not displayed in a prominent place in the centre in accordance with the regulations.

Judgment:

Non Compliant - Moderate

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. Residents had varying degrees of complex needs and dependencies. It was noted that there was improvements made regarding residents' assessments and care planning. Since the previous inspection residents awaiting reviews by allied health professionals had been assessed. Their specialist advice was incorporated into care plans and implemented in practice. This resulted in positive outcomes for residents. For example, assessment and provision of specialist equipment had enabled residents to resume their access to the community; residents had communication aids and inspectors observed effective communication between residents and staff using these aids.

However inspectors were told that continuity of timely and appropriate access to allied health professionals was not assured. Access to physiotherapy services for follow-up treatment remained inadequate and residents referred for speech and language therapy services were awaiting assessments for at least two weeks on the day of inspection. Staff received no indication when these services would be made available. Residents' pre-inspection questionnaires also identified poor access to physiotherapy as an issue concerning them. 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. While most residents had appropriate access to a medical practitioner, some residents did not, as a consequence, the health, medication and health promotion needs of some residents could not be assured.

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 refurbishment work to the premises was in progress during the inspection and the person in charge outlined that this stage of refurbishment would be completed by June 2018.

There were a number of communal areas available for residents, including a large sitting

and dining room, a smaller sitting room, reception area with comfortable seating, an oratory and a sensory room. There was an internal courtyard with garden furniture, walkways, shaded areas and a number of raised flower beds for residents. Residents could freely access the courtyard throughout the day if they wished. Some bedrooms were personalised with photographs, possessions and ornaments, but many did not have any personal items or ornamentation to give them a homely appearance.

The ethos advocated in the statement of purpose could not be guaranteed due to the layout and size of multi occupancy and twin bedrooms that negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents. In some bathrooms it was noted that placement of the toilet roll holders rendered them inaccessible. These findings are discussed further under Outcome 16: Residents' rights, dignity and consultation.

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:

The complaints procedure was discussed and documentation reviewed by inspectors demonstrated that management of complaints was not in compliance with the regulations. For example, some complaints were recorded in residents' care documentation rather than recorded in records that were in addition to and distinct from the residents' individual care plan. The investigation, outcome of the complaint and whether or not the resident was satisfied was subsequently not recorded. Consequently, quality improvements could not be ensured following feedback from residents and relatives.

Judgment:

Non Compliant - Moderate

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The Authority received unsolicited information highlighting concerns related to food and nutrition. The inspectors observed mealtimes of lunch and afternoon tea and sought feedback from residents and relatives regarding their meals. Feedback was positive regarding choice and quality of food. Nutritional needs and residents preferences were discussed with catering staff and nurse management and there were clear lines of communication to ensure that residents' dietary needs were met. Inspectors observed that meals served were appetising and pleasing to the eye and residents said they enjoyed them.</p> <p>Staff provided appropriate and discreet assistance at mealtimes to residents as necessary. Residents received their meals prepared as recommended by the dietician to meet their needs.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 16: Residents' Rights, Dignity and Consultation</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: There were improvements made in the frequency of residents meetings to ensure they were consulted with and participated in the organisation of the centre. Minutes from residents' meetings demonstrated that items were followed up from one meeting to another and residents were consulted with regarding the refurbishment.</p> <p>There were facilities for residents to meet their visitors in private if they wished. While visiting was not restricted, mealtime was protected for the comfort of residents. Nonetheless, family members were observed assisting relatives with their meals in the smaller sitting room and this respected their dignity. A record of visitors to the designated centre was available and maintained at both entrances to the centre.</p>

Closed circuit television (CCTV) was utilised in the centre, however, the signage throughout the centre highlighted that there was 'concealed CCTV' in use. In addition, the monitoring screens for the CCTV were situated alongside the televisions in both sitting rooms, all of which compromised residents' human rights.

There were several issues identified in the premises that negatively impacted the privacy, dignity, freedom, choice and autonomy of residents. While bed screens were available in multiple occupancy bedrooms to provide privacy for residents, an inspector could not close the bed curtains due to the positioning of the ceiling hoist track. The inspector found bed screen dividers between beds did not extend far enough to ensure total privacy for residents. Some bed spaces could not accommodate a bedside chair due to insufficient space available between the residents' beds and the wall or bed screen. Many of the flat screen televisions were suspended from the ceiling and were so high it was difficult for residents to look up to view their television.

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):

No actions were required from the previous inspection.

Findings:

Residents clothing was laundered by staff in the centre as necessary and returned to them.

Some residents did not have adequate space to store their clothes and personal possessions. Some wardrobes were extremely small and relatives reported that clothing and personal possessions were squashed into the wardrobe. Inspectors verified this and also observed that some residents could not retain control over their clothes because some wardrobes were placed at the opposite end of the multiple occupancy bedroom.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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:	28/11/2017
Date of response:	05/01/2018

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 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 resources to ensure the effective delivery of care in accordance with the statement of

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

purpose.

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

All staff are involved in the provision of activities within the centre. A dedicated member of staff has been allocated to support and complement the work of the activity coordinator (when not on duty) and activities are provided in the centre on a 7 day per week basis.

The HSE are actively in the process of recruiting Allied Health Professional Staff to address this deficit. It is anticipated the necessary staff will be in place by 31 January 2018.

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:

Audits had action plans with responsibilities assigned and timescale detailed, but, they were not informing continuous quality improvement, because there was insufficient oversight to ensure that action plans were implemented.

2. 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:

A Quality and Patient Sub Committee has been established and met on 7th December 2017. No recommendation(s) arose following the September 2017 Audit or the most recent December 2017 Audit. No legacy recommendations are outstanding. The A/Director of Nursing will follow up on audit recommendations as they occur in the future.

Proposed Timescale: 31/12/2017

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:

Cleaning staff did not have training appropriate to their role to protect residents and ensure safe infection prevention and control practices.

3. 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:

Appropriate hygiene training has been organised for 10 staff, including housekeeping staff, and is being rolled out in January and early February 2018. Issues identified in the report have been addressed and cleaning schedules appropriately updated. Ongoing monitoring will be provided by a link nurse who is now carrying out monthly hygiene checks and reporting findings to the A/Director of Nursing for immediate follow up.

Proposed Timescale: 02/02/2018

Theme:

Safe care and support

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

Procedures to be followed in the event of a fire were not displayed in a prominent place in the centre in accordance with the regulations.

4. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

An A1 floor plan of the designated centre has been redesigned clearly indicating locations and the evacuation plan in a user friendly format. The plan has been erected in the front hall and is visible to all residents, staff and members of the public. The redesigned floor plan including the evacuation plan has also been communicated to all residents, staff and relatives thorough residents monthly meetings, staff meetings and informal discussion.

Proposed Timescale: 31/12/2017

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:

While most residents had appropriate access to a medical practitioner, some residents did not, as a consequence, the health, medication and health protection needs of some residents could not be assured.

5. 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:

All residents presently have appropriate and timely access to an assigned medical practitioner.

Proposed Timescale: 05/01/2018

Theme:

Effective care and support

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

Access to physiotherapy services for follow-up treatment remained inadequate and residents referred for speech and language therapy services were waiting for assessment at least two weeks on the day of inspection. Staff received no indication when these services would be available to review residents.

6. 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:

The registered provider is actively in the process of recruiting Allied Health Professional Staff to address this deficit. It is anticipated the necessary staff will be in place by 31 January 2018.

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:

The ethos advocated in the statement of purpose could not be guaranteed due to the layout and size of multi occupancy and twin bedrooms that negatively impacted the freedom, choice, privacy, dignity and autonomy of residents.

7. 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:

The infrastructural deficits identified (including position of televisions, privacy curtains, spacing around beds etc) are being addressed by HSE Architects, Estates Department and Maintenance Department as part of the refurbishment process currently underway. This work will be complete by 30 April 2018

Proposed Timescale: 30/04/2018

Theme:

Effective care and support

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

In some bathrooms it was noted that placement of the toilet roll holders rendered them inaccessible to residents.

8. 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:

More suitable toilet paper dispensers to be fitted onto existing handrails for easy access by residents

Proposed Timescale: 31/01/2018

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:

Some complaints were recorded in residents' care documentation rather than in records that were in addition to and distinct from the residents' individual care plan and the investigation, outcome of the complaint and whether or not the resident was satisfied was not recorded.

9. 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:

- A memo has been issued to all staff advising that any complaint is to be reported to the nurse in charge immediately.
- The practice of recording complaints in the resident's notes has ceased.
- All complaints are now logged in the Governance Diary on each ward and the nurse in charge is responsible for informing the Assistant/DON.

•The Quality & Patient subcommittee meet on a monthly basis and 'Complaints' will be a recurring agenda item at these meetings.

Proposed Timescale: 05/01/2018

Theme:

Person-centred care and support

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

As all complaints were not recorded in the complaints log, improvement initiatives could not be ensured following feedback from residents and relatives.

10. Action Required:

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

- 1.The Quality & Patient subcommittee meet on a monthly basis and 'Complaints' will be a recurring agenda item at these meetings.
- 2.All complaints are now logged in the Complaint Log.

Proposed Timescale: 05/01/2018

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:

CCTV was utilised in the centre, however, the signage throughout the centre highlighted that there was 'concealed CCTV' in use. In addition, the monitoring screens for the CCTV were situated alongside the televisions in both sitting rooms, all of which compromised residents' human rights.

While bed screens were available in multi-occupancy bedrooms to provide privacy for residents, the inspector could not close the bed curtains due to the positioning of a ceiling hoist track. Bed screen dividers between beds did not extend far enough to ensure total privacy for residents. Some toilet roll holders in bathrooms were inaccessible.

11. 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:

- All CCTV signage has been removed for correction by HSE Maintenance Dept.
- CCTV screens will be relocated from the day rooms to the nurse's station.

- The Ceiling Tracking Hoists will be readjusted to allow easy movement of curtains for resident's privacy and dignity.
- More suitable toilet paper dispensers to be fitted onto existing handrails for easy access by residents.

Proposed Timescale: 31/01/2018

Theme:

Person-centred care and support

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

Many of the flat screen televisions were suspended from the ceiling and were so high it was difficult for residents to look up to view their television.

Residents in twin bedrooms and in one multiple occupancy bedroom could not listen to their television without disturbing other residents.

12. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

- All televisions in multi-occupancy and twin bedrooms are to be repositioned on the wall for more convenient viewing by residents.
- Earphones have been ordered and will be available as required for residents.

Proposed Timescale: 31/01/2018

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:

Some wardrobes were placed at the opposite end of the multi-occupancy bedroom and alongside another resident's bed so the resident could not retain control over their clothes.

13. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The multi-occupancy rooms will be reduced to three beds when phase three of the refurbishment works are complete in April 2018. To ensure residents control over their personal property, possessions and finances is achieved, additional wardrobes will be fitted to their accommodation. Resident's finances are managed in strict adherence with the HSE Financial Regulations. While residents retain minimal monies on their

person, procedures are in place should additional monies be required.

Proposed Timescale: 30/04/2018

Theme:

Person-centred care and support

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

Some wardrobes were extremely small and relatives reported that clothing and personal possessions were squashed into the wardrobe and this was verified by the inspector.

14. 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:

- The HSE Estates department and the building contractor met to review this issue and a plan is in place.
- Reviewed by Architect, Estates and Maintenance Department on 19/12/2017 and new wardrobes to be installed.

Proposed Timescale: 28/02/2018