<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Norwood Grange</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000258</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballinora, Waterfall, Near Cork, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 487 3291</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:norwoodgrange@gmail.com">norwoodgrange@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Butterfly Care Partnership</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>31</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 05 September 2018 09:30  
To: 05 September 2018 18:30  
06 September 2018 08:45  
06 September 2018 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 12: Notification of Incidents</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced thematic inspection, which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self-assessment tool on dementia care and had implemented an action plan to improve compliance. This inspection found that the action plan had improved compliance in a number of areas, however, some
improvements were still required in the outcomes relating to health and social care, safeguarding, premises, staffing and residents' rights, dignity and consultation.

The inspector found that staff had the appropriate knowledge and skills to provide safe and effective care and services for the residents. There was a need to review staffing levels, particularly during the morning hours, to ensure that the needs of residents were met. It was approaching lunchtime when all residents had been provided with personal care and it was approaching 11:30hrs when morning medications were administered to all residents.

Care and services were found to be in line with the centre's statement of purpose. Staff knew the residents well and care was predominantly found to be person centred. There was a need, however, to review the programme of activities to ensure that there was appropriate provision made for the occupation and entertainment of residents throughout the day. This was particularly relevant for the more dependant residents, who were totally depending on staff for all of their needs. The inspector spoke with several residents who expressed high levels of satisfaction with the care and services they received in the centre.

Residents had good access to a range of health and social care services to meet their ongoing needs. This included general practitioners (GP), physiotherapy, dietician, speech and language therapy, chiropody, optician and dental services. Specialist services such as palliative care and community mental health were available when required.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was found to be generally homely and was nicely decorated and well maintained. A review was required of a sitting room adjacent to the dining room, which was quite dark and uninviting for residents. As a result, most residents spend their day in the dining room, as it was bright and had more activity taking place.

There was a clear management structure in place and staff were supervised and supported in their work; however the inspector found that this supervision could be improved in relation to the monitoring of staff performance, when it was identified that improvements were required.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

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

The inspector focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia. The inspector also reviewed specific aspects of care such as communication needs in relation to other residents.

Residents were predominantly admitted from acute hospitals but were also admitted directly from their home. A common summary assessment report (CSAR) was completed by a placement coordinator and other relevant healthcare professionals, detailing the health needs of each resident. A copy of this report was usually available in the record of each resident's admitted from hospital but was not usually available for residents that were admitted from home. Pre-admission assessments were usually carried out on all residents prior to admission to the centre to ascertain if the centre could meet their assessed needs.

Residents had access to general practitioners (GPs) of their choice. The majority of residents were under the care of two GPs but other GPs also visited the centre. Medical notes indicated that residents were reviewed regularly by their respective GPs. Residents were facilitated with access to allied healthcare services such as dietetics and speech and language therapy through a nutritional supply company. Records indicated that residents were referred and reviewed by physiotherapy and occupational therapy and advice was incorporated into care plans. Residents had also been recently been reviewed by mobile optician and dental services.

The inspector viewed a sample of residents' records, some of whom had been transferred to hospital from the centre and found that appropriate information about their health; medications and their specific communication needs were shared with the admitting hospital. Records of residents' assessments reviewed included comprehensive biographical details, medical history, and nursing assessments.
Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as the risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment. While many of these were personalised, the level of detail could be enhanced to provide more guidance on the needs of residents with a communication deficit and for those residents that exhibit responsive behaviour. Even though there was an acknowledgement in the care plan of these issues, the level of detail was not sufficient to guide staff that may not have cared for these residents previously. The care plan of a resident with a wound was also reviewed. It was evident that the resident had been referred to tissue viability services for advice and records of dressing changes indicated that this advice was followed.

There were written policies and procedures in place for end-of-life care. Staff provided end of life care to residents with the support of their GP and the community palliative care team. There were no residents at active end of life stage on the days of inspection, however, the care plan of a resident that was previously thought to be approaching end of life was reviewed. Records indicated that end-of-life preferences were discussed with the resident and their relatives and these were documented in residents' records. A significant portion of the bedrooms were single bedrooms so residents usually had the option of a single room as they approached end of life. Relatives were supported to remain with residents at end of life.

There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed regularly and were assessed for the risk of malnutrition on admission and at regular intervals thereafter. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector found that residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Residents that were identified as having unintentional weight loss were assessed by a dietician and advice to increase calorific intake had been appropriately communicated to catering staff.

Most residents had their meals in the dining room. In addition to the chef there was a kitchen assistant on duty each day. On both days of the inspection residents were seen to arrive in the dining room throughout the morning and the kitchen assistant provided them with the breakfast of their choice. Kitchen assistants and the chefs appeared to be knowledgeable of each resident's likes, dislikes and preferences for each meal. Mealtimes were seen to be sociable occasions and residents were seen to chat with each other at mealtimes. Residents that required assistance with their meals were assisted by staff in a respectful and dignified manner. Fluids were available throughout the day and tea/coffee and snacks were served in the evening. On the days of the inspection there were adequate numbers of staff on duty to assist residents with their meals.

The centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were processes in place for the handling of medicines, including controlled drugs, which were safe and in accordance with current
guidelines and legislation. Medication administration practices observed by the inspector were in compliance with relevant professional guidance. A review of a sample of medication prescription and administration charts indicated that practices employed were in compliance with the centre’s policies on medication management. There was a visiting pharmacist that carried out regular medication audits to determine if practices were compliant with relevant guidance.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There was an up-to-date policy in place that addressed prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records available demonstrated attendance at safeguarding training by most staff, however, a small number of staff required refresher training. Samples of staff spoken with by the inspector were knowledgeable of what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleague’s behaviour.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

Where there were suspicions or allegations of abuse, these were reported to HIQA as required. There were adequate procedures in place for investigating suspicions or allegations of abuse. There were, however, adequate records maintained of any investigation conducted, to demonstrate that the investigation was comprehensive. For example, notes of interviews with staff or residents that may have contributed to the investigation process were not maintained.

Records indicated that restraint in the form of bedrails was used following a risk assessment. There were records of safety checks while restraint was in place.

The inspector reviewed incident reports in relation to resident’s behaviour and records confirmed the information given to the inspector that there were no recent significant behavioural related incidents. There were adequate records in place on the management of residents’ finances.

**Judgment:**
Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation

| Theme: | Person-centred care and support |

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

**Findings:**
Residents confirmed that their religious and civil rights were supported. The preferences of all religious denominations were respected and facilitated. Religious ceremonies were celebrated in the centre that included a monthly mass for Catholic residents. Residents were facilitated to vote in local and national elections and the returning officer visits the centre to facilitate residents to vote.

Residents were consulted about how the centre was planned and run through residents' meetings. Records of these meetings indicated that issues raised were addressed. A recent residents' survey elicited seven responses, all of which were positive about life in the centre. Residents had access to advocacy services.

Staff were knowledgeable of individual resident's needs and preferences, addressed residents by their name and conversed with them on issues that appeared to be of interest or relevant to the resident. The inspector observed staff interacting with residents in an appropriate and respectful manner. The inspector observed staff respecting residents privacy, including knocking on bedroom doors before entering.

The inspector observed residents coming to the dining room throughout the morning for their breakfast and residents confirmed that they could get up in the morning at a time of their choosing and go to bed whenever they wished. Residents confirmed that they could choose what they liked to wear and the inspector saw residents looking well dressed.

Positive interactions between staff and residents were observed during the inspection. As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). An overview of these observation periods is detailed below.

Observations were recorded in the sitting room/dining room. The total observation period was 90 minutes, which comprised three 30 minute periods. For rating purposes, there were 18 five minute observation periods. Nine scores of +2 were given predominantly when activities were taking place and when staff were seen to assist residents to the dining room and assist with meals. Staff were also seen to sit with...
residents and chat with them while making good eye contact. Five scores of +1 were given when there were minimal staff in the sitting room. Four scores of 0 were given when residents were seen to be left alone in the sitting room without any stimulation. This was predominantly the case for the more dependant residents who were left to sit in a sitting room adjacent to the dining room area, with little stimulation and minimal interaction by staff.

Activities were facilitated by a number of staff. While there was a variety of activities available, the programme could be enhanced to ensure that there were more opportunities for participation in recreational activities. Structured activities lasted from one and half hours to four hours daily and included board games, bingo, live music, a DJ, reminiscence and hand massage. There were also occasional outings to local amenities but these were infrequent.

The communication needs of residents were set out in care plans. While staff were knowledgeable of the various communication needs of residents, the detail of how each resident communicates could be enhanced further in care plans. It was observed that some residents with communication difficulties had been provided with communication aids by their families. However, from discussions with residents and staff, it was not evident that all avenues were explored to determine if further assistive technology was available to enhance the quality of life for residents with a communication deficit.

Judgment:
Non-Compliant - Moderate

### Outcome 04: Complaints procedures

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

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

**Findings:**
There was a system in place to ensure that the complaints of residents or their representative were listened to and acted upon. There was a complaints policy that identified the person responsible for managing complaints and also included an appeals process. The complaints procedure was on prominent display in the centre, and summarised in the residents guide.

Throughout the inspection it was clear that residents were familiar with all members of management including the person in charge. It was apparent to the inspector that residents would find staff easy to approach with any concerns or complaints.

The inspector viewed the complaints log that contained details of complaints, the investigation of each complaint, the outcome of the investigation and whether or not
complainant was satisfied with the outcome of the complaint. This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

Judgment: Compliant

Outcome 05: Suitable Staffing

Theme: Workforce

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

Findings:
The inspector observed staff providing care in a respectful and caring manner. Residents appeared to be familiar with staff. An actual and planned roster was maintained in the centre, with any changes clearly indicated. The person in charge was supported in her role by an assistant director of nursing. There was a regular pattern of rostered care staff.

The staffing complement usually comprised one staff nurse and four healthcare assistants from 08:00hrs to 20:00hrs and one staff nurse and two healthcare assistants from 20:00hrs to 08:00hrs. There was also a chef, a kitchen assistant, two housekeeping staff and a laundry assistant. One or both of the providers were usually present in addition to an administrator. Recently conducted interviews with staff indicated that there were insufficient numbers of staff on duty in the morning time to meet all the needs of residents while healthcare assistants were providing personal care to residents. The interviews suggested that optimum care was not being provided in the morning time due to inadequate staffing levels. The provider and person in charge were requested to review the staff roster to ensure that there were adequate numbers and skill mix of staff on duty at all times, particularly in the morning.

There was an induction programme for new staff. One to one meetings had recently been conducted with most staff by the person in charge. These meetings explored training needs of staff, satisfaction with the workload, staff harmony and any suggestions. The meetings, however, were not a formal appraisal process. Improvements were required in the supervision of staff, particularly in relation to instances where there may have been concerns in relation to staff performance. Where staff may have benefitted from a formal appraisal or a period of increased supervision, this was not put in place. This was a similar finding to a finding in the last inspection.

There was a varied programme of training for staff. In addition to mandatory training
the training programme included training on issues such as care planning, cardiopulmonary resuscitation, health and safety, and infection prevention and control.

A review of staff files indicated that recruitment practices did not comply with the requirements of Schedule 2 of the regulations. For example, not all files contained photographic identification, there was not always a full employment history with a satisfactory explanation for gaps in employment, and there were not always two written references for each member of staff.

**Judgment:**
Non-Compliant - Moderate

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
Norwood Grange is a single-storey facility comprising 13 single bedrooms and 9 twin-bedded rooms located in a rural area approximately four kilometres from the town of Ballincollig and 10 kilometres from Cork City. All except one of the bedrooms had en suite toilet, shower and wash-hand basin.

On the days of inspection, the centre was generally bright, clean, spacious and decorated to a good standard throughout. Residents and their families are encouraged to personalize their bedrooms with artefacts and photographs from home. Residents and families were able to arrange their personal space to suit their tastes and preferences and to support their comfort and wellbeing. There was adequate storage space for residents' belongings. There was adequate signage in place and bedrooms were uniquely identified to help residents to navigate the centre and to find their own bedroom.

Communal areas comprised two sitting rooms and a visitors' room. There was also a dining room adjacent to one of the sitting rooms with adequate seating for all residents to have their meals there. The sitting room adjacent to the dining room was dark and had dark coloured carpet flooring. This room was predominantly used by the more dependant residents. The provider was advised to review this sitting room in the context of the décor and to offer residents more options of where to spend their day. Many residents remained in the dining room throughout the day and others spent time in the stand alone sitting room, which were more attractive environments, due to the décor and access to natural light. There was a small secure outdoor space that was well maintained.
There were adequate sanitary and sluicing facilities. There was a large well-equipped kitchen with adequate hand hygiene and changing facilities for staff. There were up-to-date records of the maintenance of equipment such as beds, clinical equipment, speciality chairs and hoists.

There were a number of residents living in the centre who smoked. There was a small smoking room located beside the dining room. The smoking area was suitably equipped to control the risk of fire.

**Judgment:**
Substantially Compliant

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**Outcome 12: Notification of Incidents**

**Theme:**
Effective care and support

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

**Findings:**
Not all incidents required to be notified to HIQA were submitted as required.

**Judgment:**
Substantially Compliant

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**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:**

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Date of inspection:</td>
<td>05/09/2018</td>
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<tr>
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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: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While many care plans were personalised, the level of detail could be enhanced to provide more guidance on the needs of residents with a communication deficit and for those residents that exhibit responsive behaviour. Even though there was an acknowledgement in the care plan of these issues, the level of detail was not sufficient to guide staff that may not have cared for these residents previously.

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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 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:**
Care Plans to be reviewed across the board with a view to elaborating and making them more personal and resident specific. The aim will be to document data in care plans in relation to Dementia, Challenging behaviour and Mobility and to elaborate areas relevant to each resident.

These Care plans will be based on a person-centred approach and will involve the resident at all stages as far as he/she is able. Where the resident cannot contribute to any or all aspects of the assessment and care planning process, the views and observations of his/ her representative will be sought. The will be an emphasis in aligning our Care Planning to our Assessment and Care Planning Policy.

**Proposed Timescale:** 16/11/2018

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Training records available demonstrated attendance at safeguarding training by most staff, however, a small number of staff required refresher training.

2. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
Safeguarding Training was booked on day of Inspection. First date was Oct 9th 2018 and second day of training booked for Nov. 13th. All staff will be attending one of the sessions.

**Proposed Timescale:** 16/11/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were not adequate records maintained of any investigation conducted into suspicions or allegations of abuse, to demonstrate that the investigation was
comprehensive. For example, notes of interviews with staff or residents that may have contributed to the investigation process were not maintained.

3. Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
All meetings and data collected will be put on file with immediate effect. We have requested an Investigation template from The HR Company (our HR partner company) and also for them to provide training for this process. Safeguarding training has been arranged. We will liaise with HIQA/HR Company should further allegations or investigations take place and will have a clear investigative process from start to finish with a definitive outcome/ ruling/ action plan as a result of the findings.

Proposed Timescale: 16/11/2018

Outcome 03: 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:
Some of the more dependant residents had minimal stimulation or interaction with staff.

4. 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:
This finding has been taken on board with a view to improving the living space and comfort for our most dependant residents. Our most dependant residents are usually the first to be attended to in the mornings and the staff strive to give them their full attention and time. We encourage their involvement in daily activities and aim to involve the residents in any activities that would be of interest to them. These residents are placed in the bright dining area for breakfast time and we will continue to do so and be more aware of inclusion at all times.

We plan to make the inner living more a more inviting space and by utilising reminiscence DVDs, visual DVDs and old-time movies. We are working with our electrician to improve the lighting of the room and will be revamping this space in the next quarter. We have looked at making the inner area a dining area but realised that it would not be big enough to accommodate all residents.
**Proposed Timescale:** 30/11/2018  
**Theme:**  
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
While there was a variety of activities available, which were facilitated by a number of different staff, the programme could be enhanced to ensure that there were more opportunities for participation in recreational activities. Structured activities lasted from one and half hours to four hours daily and included board games, bingo, live music, a DJ, reminiscence and hand massage. There were also occasional outings to local amenities but these were infrequent.

5. **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:  
Prior to the Inspection, we had been reviewing this area. We have listened to our residents and have changed around the entertainment to coincide with their preferences.

Due to the success of our most recent outing to Griffins Garden Centre, we have been in discussion with the local cinema and were pleased to learn that two cinema screens had been renovated for disability access. Our plan is to introduce cinema outings, cinema nights and a variety of entertainment to keep our residents happy and stimulated. We have been in contact with Active Elderly to see if there is anything that might be of benefit to our Residents. Entertainment and activities are reviewed on a Quarterly basis and feedback is always requested on a regular basis from our residents.

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**Proposed Timescale:** 30/11/2018  
**Theme:**  
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
From discussions with residents and staff, it was not evident that all avenues were explored to determine if further assistive technology was available to enhance the quality of life for residents with a communication deficit.

6. **Action Required:**  
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:  
This point has been accepted and because of this finding, an email has been sent to the
National Council for the blind. Referral was sent on 08.10.18. We have consulted with the resident and the family and have made them aware that we are exploring avenues and support structures for the resident and her disability.

We have installed WiFi extenders throughout the building which will enhance the residents access to the Internet whether it be Skype with a family member or controlling their Amazon Alexia through voice recognition should they so wish.

**Proposed Timescale:** 30/11/2018

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Recently conducted interviews with staff indicated that there were insufficient numbers of staff on duty in the morning time to meet all the needs of residents while healthcare assistants were providing personal care to residents. The interviews suggested that optimum care was not being provided in the morning time due to inadequate staffing levels. The provider and person in charge were requested to review the staff roster to ensure that there were adequate numbers and skill mix of staff on duty at all times, particularly in the morning.

**7. 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:**

We were addressing this at the time of Inspection. As a result of staff interviews we had acted upon what we could in the short-term with immediate effect. We ordered new equipment (additional hoists for each wing), increased care hours and reviewed job descriptions and division of duties so that day and night staff complimented one another and help to ease the bottle neck in the morning rush hours. This has helped greatly.

We have reviewed the Roster and Skill mix that were on duty at the time of inspection and it was swaying towards a more Junior team on those days. We are always mindful of this when setting the Roster but as staff are allowed to swap shifts should the need arise, it can sometimes be unbalanced. We have an excellent team, both Junior and Senior and we will be more mindful of the mix and the impact it has on the morning routine going forward. Of course the staff nurse on duty on the day was occupied for some time with the Inspector.

At the time of the audit, we also had a highly dependent resident who was nearing end of life and this took up additional time for the care assistants as this resident required two staff members to care for her at all times.

As per the NHI Survey in 2015, there are no regulations governing the number of care
hours to be provided to nursing home residents per day. A staffing matrix which is dependency based would be a welcome addition to our care sector. We strive to provide the best care at any one time and will be more reactive when dependency levels increase. Our goal is to be reactivating to our resident and staffing needs and we would pride ourselves on doing this.

**Proposed Timescale:** 14/09/2018

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required in the supervision of staff, particularly in relation to instances where there may have been concerns in relation to staff performance. Where staff may have benefitted from a formal appraisal or a period of increased supervision, this was not put in place.

**8. Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Again, we have consulted with the HR company to provide us with new appraisal forms. A formal appraisal process will be reinstated. If there are concerns with Night Staff, we will immediately bring them onto the day Roster, where we can provide extra supervision and training. Training will be arranged for the Staff member if they are under performing and where we or they feel that there is a gap in their Skill-set.

**Proposed Timescale:** 16/11/2018

**Theme:** Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Not all staff files contained:
- photographic identification
- there was not always a full employment history with a satisfactory explanation for gaps in employment
- there were not always two written references for each member of staff.

**9. 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:
We have commenced a review of our recruitment procedures and employee files to identify any shortcomings in this process. We will ensure that all staff documentation will be on file in advance of an employee commencing work. We will ensure the checklist process is once again followed and that no employee will be rostered until their documentation is complete and returned to us, despite them having been on placement with us in the past.

Shortcomings in the files identified were acted upon with immediate effect.

Proposed Timescale: 14/09/2018

Outcome 06: 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 sitting room adjacent to the dining room was dark and had dark coloured carpet flooring. This room was predominantly used by the more dependant residents. The provider was advised to review this sitting room in the context of the décor and to offer residents more options of where to spend their day. Many residents remained in the dining room throughout the day and others spent time in the stand alone sitting room, which were more attractive environments, due to the décor and access to natural light.

10. 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:
The layout and room décor is being reviewed. We have consulted with our Engineer to see if it would be viable to put a roof light in this space. We are also attending the NHI conference in City West in November and have arranged a meeting with a Nursing Home furniture and décor specialist to see what arrangements we can make to enhance this living space. Changing the carpet is being reviewed but we will look to brighten up the walls, relocate the TV in the room and look at the option of removing the glass doors to allow as much light as possible in to radiate the room. We have also consulted with our Electrician to see if the lighting in the room can be more evenly spread out and also to see if there is a more natural lighting solution available at this current time. We look forward to making these changes.

We encourage residents to use all living areas in the home but always respect their wishes as to their preferred location and living area chosen by them to spend their time in.

Proposed Timescale: 31/12/2018
**Outcome 12: Notification of Incidents**

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all incidents required to be notified to HIQA were submitted as required.

**11. Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
This finding has been taken on board and we will be more vigilant in this area from now on. Notifications will be sent in a timely manner as per the Schedule 4 Stipulation.

**Proposed Timescale:** 14/09/2018