

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Arás Ronáin Community Nursing Unit
Centre ID:	OSV-0000628
Centre address:	Mainistir, Inishmore, Aran Islands, Galway.
Telephone number:	099 610 46
Email address:	jj.okane@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	JJ O'Kane
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	2

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 November 2016 12:00	01 November 2016 18:30
02 November 2016 09:00	02 November 2016 11:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This unannounced monitoring inspection was carried out as part of the Health Information and Quality Authority's (HIQA's) regulatory monitoring function to check progress on actions from the previous inspection which was carried out on the 27 April 2015 and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013.

Áras Rónáin Community Nursing Unit is a single storey building which is registered with HIQA to accommodate 12 residents. The centre is located in Manistir, one mile from the village of Kilronan in Inishmore on the Aran Islands. The unit consists of two triple rooms and six single rooms all of which are en-suite. Additional communal toilets are located near the day/dining room. Separate day and dining room facilities are available. A therapy/activity/visitor's room and a safe accessible courtyard garden are available for residents use. There were ten residents residing in the centre at the

time of inspection and there were two vacancies.

During the course of this inspection, which was conducted over two days, the inspector met with a number of residents, a visitor and staff members. The inspector observed practices and reviewed records such as care files, accident and incidents records, complaints records, staff files, medical records, policies and procedures.

Even though care was provided to a good standard, some improvements were identified as required. For example, while some care plans were person centred, others required greater detail to ensure they were person centred. Not all residents had neurological observations recorded post-fall. The appeal process regarding complaints documented in the statement of purpose and in the complaints policy named different people as the appeals person. Some policies in the centre had not been reviewed since 2011.

The inspector reviewed the six actions from the previous inspection. The premises action from the last inspection with regard to occupancy levels of bedrooms is now covered by the enactment of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. Three other actions were complete and one was partially completed in relation to documentation. One action was not addressed which related to actions under the outcome on complaints.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the regulations. 12 actions documented are the responsibility of the registered provider and two are the responsibility of the person in charge.

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 (SOP) required reviewed as personnel documented in the statement of purpose were no longer in post. Additionally it did not contain the current conditions of registration. The SOP must contain all of the matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The person in charge told the inspector that the provider representative had not attended the centre for a substantial

period of time. The person in charge was supported in her role by the assistant director of nursing from a sister centre, who attended the centre two days per week. However the person had no protected time to complete her governance and management duties. On review of the staff rosters, when the person in charge was on duty it showed that she was always the only nurse working on the floor. The person in charge explained that she had limited time to carry out specific functions, such as updating care plans and reviewing policies.

Residents and staff were very familiar with the person in charge and knew her by name. Many staff had worked in the centre for a substantial number of years and was familiar with the policies, procedures and management systems. Staff members spoken to by the inspector demonstrated good knowledge of the residents' care needs.

The inspector found that there was a system in place to monitor and review the quality and safety of the care provided. An audit system was in place and regular audits were completed audits in areas such as medication, infection control and care planning. Where areas for improvement were identified, they were remedied. For example, any omissions regarding medication management were discussed with the local general practitioner who attended the centre regularly and the pharmacy service.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. No annual review of the quality and safety of care delivered to residents had been completed.

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 centre is managed by a suitably qualified and experienced person in charge. She was familiar with the residents and their health and social care needs. She ensured all documentation required for review during the inspection was promptly provided and made fully accessible to inspectors.

The person in charge had a post graduate management qualification in care of older people. She also continued her own professional development and had attended infection control, medication management and Sonas (a therapeutic activity for residents who are cognitively impaired).

Her mandatory training in Adult protection, manual handling and fire safety was up to date, as was her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA).

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

At the time of the last inspection, it was found that some improvement was required to the complaints policy, medication prescribing charts, end of life assessments and staff recruitment and training records.

Issues with regard to medication management had been addressed. However, end of life care wishes remain poorly documented. Staff knew residents well and was aware of their preferences. The person in charge informed the inspector that training for staff in this area was planned.

Additionally some of the required recruitment documentation required by the Regulations was not available for some staff. One staff file reviewed had no employment history/curriculum vitae.

Staff training records remained poorly maintained, but a staff training matrix had been developed to reflect all training in which staff had participated. This was not up to date

There were a range of centre-specific policies, but some of these had not been reviewed since 2011. For example, the adverse incident and near miss policy and procedure not been reviewed since July 2011.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to safeguard residents. Staff spoken with were knowledgeable of the policies and procedures on the prevention, detection and response to abuse. All staff had undertaken training in recognising and responding to allegations of abuse. The Health Service Executive (HSE) policy on "Safeguarding Vulnerable Persons at Risk of Abuse" 2014 was available in the centre. The Assistant Director of Nursing from a sister confirmed that all staff had Garda vetting in place.

The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. There had been no allegations of abuse in the centre that required notification to HIQA. A visitor's book was maintained and all visitors were required to sign in and out of the centre. The entrance was secure and required a key pad code to open the doors. Residents spoken with stated they felt safe and secure in the centre.

There was a policy on the management of responsive behaviours. At the time of inspection there was one resident who presented with responsive behaviours. However, a positive behaviour support plan was not in place to ensure a consistent approach when working with this resident. Staff informed inspectors how they manage the behaviour and the distraction techniques they utilise. There was very good evidence of access to psychiatry of later life.

The national policy, 'Towards of Restraint Free Environment in Nursing Homes (2011)' was implemented in the centre. Two residents had bedrails in place and one lap belt was in use. Evidence of alternatives considered or trialled was available. In discussion with the person in charge on the use of bedrails, she described how most were used as an enabling function and were in place for the purpose of positioning or enhancing the

residents' function. However, care plans were not in place detailing the rationale for use of bed rails. The person in charge stated that the lap belt in use was used as a safety measure. Records indicated that restraint was only used following a risk assessment. There was evidence of ongoing review of the need for restraint.

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):
No actions were required from the previous inspection.

Findings:

Service records reviewed confirmed that the emergency lighting and fire alarm system were serviced regularly. The fire extinguisher equipment had been serviced in January 2016. On walking around the centre, the inspector noted that fire exits were unobstructed. Ski sheets have been ordered for all beds in the centre. Review of the fire training records showed that all staff had undertaken training in fire safety. This was confirmed by staff. All staff spoken with knew what to do in the event of a fire. Fire evacuation notices were in place throughout the centre.

Fire drills were being completed regularly, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

An up-to-date safety statement was in place. The risk management policy required review as it did not meet the requirements of the regulations. For example it failed to reference polices regarding abuse, missing persons and other aspects of regulation 26. While a risk register had been developed this had not been reviewed since April 2015. Where a risk was identified, they were evaluated and controls were in place to mitigate the risk.

Inspectors observed many residents were actively mobile, and were seen to walk around the centre and sit in areas according to their personal preference. Training was provided to staff in the safe movement and handling of residents. There was safe floor covering and handrails throughout the centre.

There was a policy in place for the prevention and control of infection. There was access to supplies of gloves and staff were observed using the alcohol hand gels which were

available throughout the centre.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
A medicine management policy was available. A nurse was accompanied by the inspector on the lunch time medication round. The nurse was observed to administer the prescribed medicines in line with professional guidelines.

All medicines were securely stored in the centre, inside a locked room only accessible to nursing staff and within a locked trolley. Medicines that required temperature controls were stored in a designated refrigerator. Daily temperature checks were recorded and these were found to be within the minimum standard required.

Medicines that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift.

Staff nurses were trained in medicine management practices, some had attended face to face course while all had completed an online course.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:

A record of all incidents occurring in the designated centre was maintained. Notifications had been submitted to HIQA as required and the person in charge was aware of her responsibilities in relation to submission of notifications.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Prospective residents were assessed prior to admission by the person in charge to determine if the centre could meet their needs. Residents received a comprehensive assessment on admission. Residents had access to the services of a general practitioner (GP) and there was evidence of regular review. Residents had access to allied health/specialist services such as dietetics, and physiotherapy and there was evidence of referral and review.

The inspector reviewed a sample of residents' nursing care documents found that each identified need had a care plan outlining the care required by the resident to meet that need. For example, residents who had been assessed as having a high risk of malnutrition had a care plan in place which detailed interventions to mitigate the risk. Some care plans were not reviewed at four monthly intervals. There was poor evidence of consultation with residents and where appropriate, their families, to ensure it was meaningful and a narrative note was recorded to ensure the residents and/or their family had input into the care plan. Social care assessments were poorly completed and personal calendars were sparsely completed. However, staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was evidence of good communication with relatives when they visited and via the phone and some staff knew the residents and their families for many years.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

One action from the last inspection report action plan regarding the premises with regard to occupancy levels of bedrooms is now covered by the enactment of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The other two actions from the previous inspection had been completed. The piped hot water supply serving wash hand basins and sanitary facilities had been fitted with thermostatic control valves to ensure water on exit for residents use was of a safe temperature. There was evidence available to verify that the person responsible for the servicing of the central heating system had the necessary qualifications.

The centre opened in 2004. It was well maintained and was noted to be clean and clutter free. A variety of communal space was available and residents were noted to be mobilising around the centre independently and congregating in small groups. An adequate number of baths, showers and toilets for residents use were available. All bedrooms were spacious and had en suite toilets, showers, wash-hand basins and call bells. One of the larger single rooms was being refurbished as a palliative care room.

The centre had a secure courtyard garden and seating area and residents spent time outdoors when the weather was fine. This area requires upgrading to ensure it provides a pleasant area in winter time.

There are two multi-occupancy rooms with en-suite facilities. Both of these accommodate three residents. They were well laid out and spacious with screening curtains around the beds. A wardrobe, locker and chair were available for each resident.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals

procedure.

Theme:

Person-centred care and support

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

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

Findings:

The actions from the last action plan had not been addressed. At the time of the last inspection the inspector found that while there was evidence of good complaints management, improvement to the independent appeals process and the procedure for reviewing of complaints was required. This had not been addressed.

There was a complaints policy in place and a complaints procedure, which was displayed in the reception area. However, there was a lack of clarity around the identification of the person involved in the independent appeals process and the person who was responsible for ensuring that all complaints were appropriately addressed. There was different information supplied in the policy and the statement of purpose as to who had the role of independent appeals person.

In addition, the person who was responsible for ensuring that all complaints were appropriately responded to was identified differently in the complaints policy and statement of purpose. The inspector viewed the complaints register and found that there had been three complaints since the last inspection. All had been investigated and resolved to the satisfaction of the complainants.

There was no evidence that would indicate that any resident who had made a complaint had been adversely affected by reason of the complaint having been made.

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

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

No actions were required from the previous inspection.

Findings:

Residents who were assessed as being nutritionally at risk had appropriate care plans in place. There was access to the dietician and speech and language therapy services as required. Adequate staff was available to assist and monitor intake at meal times. Meal times were noted to be social pleasant occasion. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. The inspector met with the chef. She displayed a thorough knowledge of the nutritional needs and confirmed that a choice of food was available to residents. Residents confirmed that they enjoyed the food. The kitchen was open 24hrs per day and snacks were available. The inspector saw residents being offered drinks throughout the day and residents told the inspectors that they could have a drink and/or a snack any time they asked for them.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Based on observations of the inspector and a review of staff rosters there were adequate staff on duty to meet the needs of residents. A registered nurse was on duty at all times. Staff spoken with by inspector were knowledgeable of residents needs and were seen to converse well with residents.

Staff rosters were maintained in the centre but the actual roster did not accurately reflect staff on duty. The inspector noted that the assistant director of nursing of a sister centre (previously the person in charge of this centre) attended the centre two days each week but the roster stated that she was in the centre 5 days per week.

Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff was available to assist residents and residents were supervised at all times. A staff training programme was on-going. All staff had up to date mandatory training in fire

safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example end of life care, four staff were trained as SONAS (a therapeutic activity for residents who are cognitively impaired). practitioners, and one staff member was undertaking the dementia champions' course.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

No volunteers were attending the centre at the time of inspection.

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:

Mary McCann
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:	Arás Ronáin Community Nursing Unit
Centre ID:	OSV-0000628
Date of inspection:	01/11/2016
Date of response:	09/01/2017

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

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

The statement of purpose (SOP) required reviewed as personnel documented in the statement of purpose were no longer in post. Additionally it did not contain the current conditions of registration.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

We are updating the Statement of Purpose to include the current conditions of registration. We are in the process of changing the provider nominee and we will also update this on the (SOP) as soon as it is confirmed

Proposed Timescale: 31/12/2016

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The person in charge had no protected time to complete her governance and management duties as she was the only nurse present when on duty.

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:

We have employed an additional Staff Nurse and the person in charge has protected time to carry out the role.

Proposed Timescale: 09/01/2017

Theme:

Governance, Leadership and Management

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

No annual review of the quality and safety of care delivered to residents had been completed.

3. Action Required:

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

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

We are in the process of completing an annual review and will complete by year end.

Proposed Timescale: 31/12/2016

Theme:

Governance, Leadership and Management

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

No review was carried out in consultation with residents and their families to ensure that their care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act

4. Action Required:

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

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

We are discussing each resident's plan of care with the resident and/or family and this will be done every three months and evidence of same, will be recorded in the care plans' three monthly re-assessment document.

Proposed Timescale: 31/01/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some centre policies had not been reviewed since 2011.

5. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

We are reviewing all policies at present and updating as required.

Proposed Timescale: 31/01/2017

Theme:

Governance, Leadership and Management

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

Some of the required recruitment documentation required by the regulations was not available for some staff.

A staff training matrix had been developed to reflect all training in which staff had participated, but this was not up to date.

End of life care wishes remain poorly documented.

6. Action Required:

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

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

All staff has verified Garda Vetting and a full employment history in each of their files. The staff training matrix is now up to date and contains details of training undertaken by staff. Staff Nurses are in the process of completing An End of Life Care Plan on each resident in consultation with the resident and/or family.

Proposed Timescale: Staff files have the required schedule 2 recruitment documentation Completed. Staff Training Matrix: Completed.
End of Life Care Plans: 31/01/2017.

Proposed Timescale: 31/01/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

While a risk register had been developed this had not been reviewed since April 2015.

7. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

We are reviewing and updating the risk register at present.

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

Fire drill records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified.

No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

8. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We have completed a review of night time evacuation and have a template with a personal evacuation plan for each resident and each respite client admitted to the Unit. We are in the process of simulating a night duty scenario for the Fire drill.

Proposed Timescale: Personal Evacuation Plan: Completed. Fire Drill (Night Duty): 31/01/2017.

Proposed Timescale: 31/01/2017

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

Some care plans were not reviewed at four monthly intervals.

There was poor evidence of consultation with residents and their families to ensure it was meaningful.

9. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We have reviewed each care plan and have an action plan for four monthly reviews. We will document a narrative note in the review document on the consultation with resident and significant other when care plans are reviewed.

Proposed Timescale: Completed

Proposed Timescale: 09/01/2017

Theme:

Effective care and support

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

Social care assessments were poorly completed and personal calendars were sparsely completed.

10. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We are reviewing each resident care plan in relation to personal calendars and social care assessments.

Proposed Timescale: 31/12/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The external grounds of the centre required upgrading to be safe, suitable and appropriately maintained for use by residents.

11. 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:

We have consulted with a gardener to draw up a plan for a sensory garden she will be visiting in early January. We would like to have a plan and work completed by Summer

Time.

Proposed Timescale: 31/05/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

There was a lack of clarity around the identification of the person involved in the independent appeals process and the person who was responsible for ensuring that all complaints were appropriately addressed. There was different information supplied in the policy and the statement of purpose as to who had the role of independent appeals person.

12. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

We have clearly identified the person involved in the independent appeals process.

Proposed Timescale: 09/01/2017

Theme:

Person-centred care and support

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

The person who was responsible for ensuring that all complaints were appropriately responded to was identified differently in the complaints policy and statement of purpose.

13. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

We have identified the person responsible to respond to the complaints and it is recorded in both statement of purpose and complaints policy.

Proposed Timescale: Completed

Proposed Timescale: 09/01/2017