# Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Fionnan’s Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000650</td>
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<tr>
<td>Centre address:</td>
<td>Achill Sound, Mayo.</td>
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<tr>
<td>Telephone number:</td>
<td>098 450 43</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:carole.king@hse.ie">carole.king@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Julie Silke-Daly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
</tr>
<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>27</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 1 day(s).

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

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<th>From:</th>
<th>To:</th>
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<tr>
<td>04 September 2017 09:00</td>
<td>04 September 2017 20:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
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<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
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<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Suitable Person in Charge</td>
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**Summary of findings from this inspection**

This was an unannounced inspection with a special focus on the provision of dementia care and to evaluate the quality of live for residents with dementia living in the centre. Six outcomes that have direct impact on dementia care were inspected and the inspector followed up on seven actions from the previous inspection completed in September 2016. At the time of the last inspection medication management was not administered in line with An Bord Altranais guidelines, the care planning process required review, completion of pain monitoring charts required review and ensuring all residents had neurological observations recorded post a fall. Six actions were completed and while work had been completed on the action with regard to care planning further work was required particularly with regard to care
plans for nutritional care and falls prevention. This was the eleventh inspection of this centre by the Health Information and Quality Authority (HIQA).

St Fionnan’s Community Nursing Unit is a single storey building which is registered with HIQA to accommodate 30 residents. The centre is located in Achill close to the church and amenities of Achill Sound.

Seminars for providers and persons in charge were organized by HIQA as part of the thematic inspection process. Evidence-based guidance was also developed to guide providers and persons in charge on best practice in dementia care. Prior to the inspection, the provider and person in charge completed a self-assessment and rated the service against 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.

The service was rated to be compliant in all areas except, safeguarding and premises. With regard to safeguarding the person in charge identified that staff would require further training in management of responsive behaviours in order to be complaint in the area of safeguarding and with regard to premises that the centre required painting and decoration and further great use of dementia friendly signage and better use of colours. These actions were planned at the time of inspection.

Of the twenty seven residents accommodated five residents had a formal diagnosis of dementia and another four residents were suspected by nursing staff as having dementia. The inspector met with residents, a relative and staff during the inspection. The inspector tracked the journey of three residents with dementia within the service and looked at aspects of the care and service provided with regard to nutritional care, person centred care planning and promotion of independence. The inspector observed care practices and resident and staff interactions using a validated observation tool. The observations took place in communal areas. There were many examples of good practice which resulted in positive outcomes for residents, where staff were observed to be responsive to residents and utilised interactions with residents in a positive way. It was clear that staff had a good knowledge of residents’ likes, dislikes and background information.

Matters requiring review post this inspection are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with 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.
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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to medication management, assessment and care planning, access to allied health professional and all aspects of healthcare encompassing maintenance of records and policies supporting contemporary evidence based practice. The social care of residents with dementia is reported under Rights Dignity and Consultation.

The provider and person in charge rated this outcome as complaint. The inspector found that this outcome was non compliant moderate. The inspector followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. Pre admission assessments were completed by the person in charge or her deputy which considered the health and social needs of the potential resident. Most long stay admissions availed of respite care prior to admission and all residents were from the local rural community. There was evidence of communication with family members and the referring agency/person. An admission policy was available and the inspector found that this was reflected in practice. Where residents were admitted from the local acute hospital a discharge summary and a nursing transfer letter was available.

Residents' had a comprehensive assessment on admission to the centre and care plans were in place to meet assessed needs. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. However, some nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include the level of risk determined by the assessment and the type and frequency oral nutritional supplements to be administered. Most care plans were reviewed on a four monthly basis. This was an action from the last inspection. There was evidence of involvement of residents or relatives/significant others in the review of the care plans. For some residents with a diagnosis of dementia care plans were in place detailing specific care to residents with dementia. These addressed vision, hearing, communication and detailed how to reassure the resident and allay anxiety. However further review was required to sustain and promote independence as care plans did not
reflect how dementia impacted on activities of daily living. For example what level of functional ability was maintained by the resident, could the resident dress themselves.

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist attended the centre one day per week. Residents were facilitated to keep their own General Practitioner on admission to the centre if this was their choice. There was evidence in the medical files of access to the General Practitioner.

There were written policies and procedures in place governing the management of medications in the centre. The inspector observed medication administration practices and was satisfied that they were in compliance with relevant professional guidance. Prescription and administration records contained appropriate identifying information including residents’ photographs and were clear and legible.

At the time of the last inspection some medication administration practices were not safe. This had been addressed by way of staff training and competency medication management assessments. Where medication was being crushed this was prescribed as safe to use in this format. The process for the recording and disposal of unused and out of date medication was safe and traceable.

Arrangements were in place to review accidents and incidents. The inspector reviewed a sample of the incident forms and found that all forms were fully completed. For example, forms detailed time and date of incident, whether the incident was witnessed or unwitnessed and if medical staff and the next of kin were informed.

Residents at risk of falling were assessed using a validated falls assessment tool. Falls prevention care plans were in place. However, falls risk assessments were not consistently reviewed post a fall and falls prevention care plans were not updated to include any further measures that may be necessary to reduce the likelihood of another fall. Evidence was available that post-fall observations including neurological observations were undertaken for all falls to ensure monitoring for a possible head injury as a result of a fall. Residents who fell were reviewed by the physiotherapist post the fall.

The inspector observed residents having their tea in the dining room. Adequate staff were available to assist and monitor intake at meal times. A minority of residents choose to dine in their bedroom. All residents got up for some part of the day. 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/nursing staff.

The inspector met with the chef who displayed a good knowledge of the nutritional needs of residents and described a good communication system between the clinical and catering staff. Residents confirmed that they enjoyed the food. Home baking such as brown bread, scones and tea brack were available on the day. The kitchen was open 24hrs per day and snacks were available. The inspector saw residents being offered
drinks and snacks throughout the day. Staff were aware of the requirement of some residents with dementia to have small and frequent high calorie snacks to ensure that they maintained a healthy weight and the inspector noted that staff took the opportunity to encourage finger snacks for a resident who was mobile and required extra calories.

End of life care wishes were recorded for all residents to ensure that any specific wishes they had were respected and their physical, emotional, social and spiritual needs and preferred pathway at end of life was known and met. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. An oratory was available and families could use this if they wished for their loved remains to be reposed. The person in charge stated that the centre received support and advice from the local palliative care team. Staff spoken with confirmed that snacks and refreshments were made available to relatives and if relatives wished to stay overnight this was facilitated. An annual remembrance mass was held each November and bereaved relatives were invited to attend. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented.

Systems were in place to prevent unnecessary hospital admissions and a process was in place in relation to transfers and discharge of residents and for hospital admissions. Staff had been trained in subcutaneous fluid administration, supra pubic catherisation and male catherisation. Plans were in place for staff to be trained in administration of IV antibiotics. Staff confirmed that general practitioners were supportive of the unit and attended regularly.

Judgment:
Non Compliant - Moderate

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:
The provider and person in charge rated this outcome as substantially complaint. The inspector found that this outcome was substantially complaint. Areas that required reviewed identified by the provider were planned for January 2018. These included further training for staff.

The action from the last inspection had been addressed. Comprehensive behaviour support plans were in place and staff could describe the action to take when a resident was distressed and what person centred interventions were most appropriate to alleviate the anxiety or restlessness. Examples of distraction strategies or engagement in activity
that had been successful were known by staff. The behaviour support plans were linked
to the social care assessments and there were good examples of involvement of family
members. The inspector observed good examples of staff managing potentially
responsive behaviour by walking with a resident, or chatting with a resident with a
photo album of her family members. There were policies in place about managing
behaviour that challenges, BPSD (behavioural and psychological signs and symptoms of
dementia) and restrictive practices.

The Inspector reviewed the use of restraint within the centre. Risk assessments were
completed for residents who had bed rails in place. All bedrails were in use as enablers.
Care plans were in placed detailing the enabling function of the bedrail

The policy on safeguarding vulnerable adults at risk of abuse has been enacted. Staff
spoken to by the inspector confirmed that they had received training on safeguarding
vulnerable adults and were familiar with the reporting structures in place. The person in
charge told the inspector that she tries to ensure that there is an open culture of
discussing safeguarding and they talk about safeguarding at all staff meetings. There
were systems in place to ensure allegations of abuse were fully investigated, and that
pending such investigations measures were in place to ensure the safety of residents.
Staff confirmed that there would report any suspected allegation of abuse to the most
senior person on duty. Staff spoke with displayed good knowledge of the different kinds
of abuse and confirmed that they had received training in this area. A review of
incidents since the previous inspection showed that no allegations of abuse had been
recorded. The person in charge confirmed that all staff in post had Garda Síochána
vetting in place.

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:**
The provider and person in charge rated this outcome as compliant. The inspector found
it was compliant. The Inspector found that residents were consulted on the organisation
of the centre. Regular resident meetings were held, these were chaired by a resident.
Minutes of these meetings supported that residents were involved, in discussing
activities, the food and their views of the service provided. Any issues that required
review post these meetings were addressed.
A range of activities were available, including crafts, art, bingo, bowling, crosswords, proverbs, music, and cards and going for walks. The Inspector met with the activity co-coordinator. She displayed a very good knowledge of the residents’ likes, dislikes, and daily schedules. An activity attendance record was available for each resident and a comprehensive social care history was completed for all residents. Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated monthly in the centre and each room had a television which was connected to the catholic channel. The activity co-ordinator was trained in Sonas (a therapeutic activity for residents who are cognitively impaired) and Sonas sessions had recently been added to the activity schedule and was occurring once a fortnight. The activity coordinator planned to increase the amount of sessions offered.

There were no restrictions on visitors and residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the sitting room. Some residents chose to spend time in private with their visitors and this was facilitated.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a high level of positive interactions between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to partake in activities. The inspector observed an activity session and noted that residents became very involved in the session and there was good banter between the activity coordinator and the residents. The Inspector observed that staff chatted with residents as they met them throughout the centre checking with them and as they accompanied them to the toilet. There was staff available at all times in the communal areas. An independent advocacy service was available.

**Judgment:**
Compliant

**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:**
The provider and person in charge rated this outcome as complaint and the inspector found it was compliant. An up-to-date policy and procedure for the management of complaints was in place. Residents who were able to communicate with the inspector said they knew how to make a complaint and said that would make a complaint to any member of staff or the nurse in charge. Residents told the inspector 'staff would help you if you had a complaint, they would look into it for you'
The complaints procedure was displayed in a prominent position in the centre for residents and relatives. A suggestion box was available in the porch of the centre and staff, residents, relatives of visitors could access this freely and without supervision of staff. A record of complaints was maintained. This record included the details of the complaint, the results of investigations completed, actions taken and if the complainant was satisfied with the outcome.

There were seven complaints recorded for 2016 and one to date in 2017. All complaints had been investigated and resolved. There were no active complaints at the time of the inspection.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The provider and person in charge had rated this outcome compliant and the inspector also found it was compliant. The inspector noted that the day room was supervised at all times and there was adequate staff on duty to assist residents at meal times.

At the time of this inspection the centre had 27 residents residing in the centre, 11 of which were maximum dependency, seven were high dependency, one was assessed as medium dependency and eight as low dependency.

Staff spoken with were pleasant and welcomed the inspection process. Most staff had worked in the centre for considerable periods of time and had a very good knowledge of the residents’ preferences.

The inspector found that staff delivered care in a respectful, timely manner. Staff were supervised according to their role and there were always staff nurses supervising care assistants. The person in charge worked full-time. When she was not on duty a clinical nurse manager deputized in her absence.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care and nursing staff. The staffing complement included activity coordinator, catering, housekeeping and administration staff.
A varied programme of training was in place for staff. Staff spoken with and records reviewed indicated that all staff had completed training in fire safety and safe moving and handling. Courses attended by staff in the last two years included safeguarding vulnerable adults, management of behaviours that challenge, restraint management, medication management, and end of life care.

Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available.

The inspector reviewed staff personal files of four staff members and found that schedule two documents to be held in respect of each member of staff were complete. There were no volunteers attending the centre at the time of this inspection.

**Judgment:**
Compliant

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### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

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

**Findings:**
The provider and person in charge rated this outcome as substantially complaint. The inspector found it was non complaint moderate. Areas that were identified by the provider and person in charge included upgrading of the centre and ensuring the use of dementia friendly signage and colour. This was at tender stage at the time of inspection.

St Fionnan’s Community Nursing Unit is a single storey building which is registered with HIQA to accommodate 30 residents. The centre is located in Achill Sound. The unit consists of 15 single, two twin and four triple bedrooms. All single rooms have en-suite facilities and there are en-suite shower and sanitary facilities available in all shared rooms.

Separate sitting and dining facilities are available. A therapy room and a safe accessible courtyard garden available for residents use. There is a conservatory off the dayroom where residents can meet in private with their visitors. A separate designated smoking area is available for residents. An oratory is also available. A meeting room and various offices complete the structural layout. The design of the centre enables residents to walk freely around the centre and to access the secure outdoor garden area. There are two toilets on the back corridor in close location to the dayroom; however, neither provide adequate space for disabled access. This requires review.
The unit provides nursing care to those whose healthcare needs cannot be met through community services, families or carers. The external garden has been refurbished and provides a pleasant open outdoor space with seating for residents. It was well utilised on the day of inspection and staff told the inspector it is well utilised throughout the year. The centre was recently refurbished to reduce bed occupancy in multi occupancy rooms, however areas require painting along the corridors as the paintwork is marked and chipped.

Also consideration is required to review the use of colour and signage to aid residents with dementia to freely access areas of the centre and enhance safety for residents by for example having colour contrasting grab rails in toilets. The corridors were clean and free of clutter and provided a safe environment for residents to mobilise. Handrails were provided and the layout allowed for circular movement for residents with dementia who like to actively walk around.

Adequate space for storage of assistive equipment and space for the secure storage of personal belongings was available. Call bells were visible and easy to reach in all rooms. Laundry, cleaning and sluice facilities were appropriate to the size and layout of the premises.

Judgment:
Non Compliant - Moderate

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**Outcome 07: Health and Safety and Risk 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:**
The only aspect of this outcome inspected was to review whether, the action which related to monitoring of neurological observations post un-witnessed falls, to assess neurological function was addressed. The inspector found that this has been addressed.

Judgment:
Compliant

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**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The only aspect of this outcome inspected was to review whether, the actions which related to auditing and provision of an annual review of the quality and safety of care delivered to residents was completed. The inspector found that both actions had been addressed.

Judgment: Compliant

Outcome 10: Suitable Person in Charge

Theme:
Governance, Leadership and Management

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

Findings:
The current person in charge is in post since March 2014.

She qualified as a registered nurse in 1991. She works full-time and has the required experience in the area of nursing of older persons. She demonstrated good clinical knowledge and was knowledgeable regarding the Regulations, Standards and her statutory responsibilities. She completed an Honours Degree in nursing studies in 2005, a Higher Diploma in palliative care in 2006, a Masters in Health Science in 2008, a Diploma in management in 2009 and a Post Graduate diploma in nurse education in 2012.

The person in charge had maintained her continuous professional development and explained that she kept her knowledge up to date. Recent course attended included falls prevention management and review, good information practices, managing risk in everyday practice and safeguarding vulnerable adults designated officer training.

She is rostered to work in a supernumery capacity five days per week to have adequate time for governance supervision and management duties. A supportive structure was in place to assist her in her role and a clinical nurse manager assist her with the governance and management of the centre. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), and mandatory training was up to date.

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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Fionnan's Community Nursing Unit</th>
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<tbody>
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<td>Centre ID:</td>
<td>OSV-0000650</td>
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<tr>
<td>Date of inspection:</td>
<td>04/09/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12/10/2017</td>
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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:

Some nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include the level of risk determined by the assessment and the type and frequency oral nutritional supplements to be administered.

Care plans did not reflect how dementia impacted on activities of daily living. For

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
example what level of functional ability was maintained by the resident, could the resident dress themselves.

Falls risk assessments were not consistently reviewed post a fall and falls prevention care plans were not updated to include any further measures that may be necessary to reduce the likelihood of another fall.

1. **Action Required:**
   Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

   **Please state the actions you have taken or are planning to take:**
   - The PIC plans to facilitate education to staff to guide them in care-planning in relation to generic care-planning and specifically in relation to nutritional care plans.
   - Education sessions by dietician to be arranged.
   - Falls prevention care-planning education sessions have commenced in St Fionnan’s and hope to continue until all staff have had the education.
   - Some staff have been booked into the local CNME for further training in relation to care planning.

   **Proposed Timescale:** 31/12/2017

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### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Further training for staff in management of responsive behaviour is planned for January 2018.

2. **Action Required:**
   Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

   **Please state the actions you have taken or are planning to take:**
   - Training booked for January 2018. Sourcing bespoke training for staff currently through the CNME

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

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### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There are two toilets on the back corridor in close location to the dayroom. however neither provide adequate space for disabled access.

Areas require painting along the corridors as the paintwork is marked and chipped. Also consideration is required to review the use of colour and signage to aid residents with dementia to freely access areas on the centre and enhance safety for residents for example by having colour contrasting grab rails in toilets.

3. 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 two toilets have been highlighted to maintenance to complete the works and provide for adequate space for disabled access. Awaiting commencement.
• Painting has been approved by HSE Maintenance. It is planned to be carried out in three zones. Awaiting a start date.
• Review of the sinage has been carried out and new sinage ordered. Review of toilet seats and grab rails is underway.

Proposed Timescale: 31/03/2018