Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Arus Carolan Community Nursing Unit
Centre ID:	OSV-0000656
Centre address:	Mohill, Leitrim.
Telephone number:	071 9631 152
Email address:	mary.ross@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Geraldine Mullarkey
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	3

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

From:	To:
14 December 2016 09:05	14 December 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant
Outcome 09: Statement of Purpose		Compliant
Outcome 11: Information for residents		Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre.

Prior to this inspection the provider had submitted a completed self- assessment document to the Health Information and Quality Authority (HIQA) along with relevant polices. The inspector reviewed these documents prior to the inspection.

The inspector met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for

this purpose. Documentation to include care plans, medical records and staff files were examined.

The centre provided a good quality service for all residents including those living with dementia. The inspector spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner. The centre was well maintained, warm and comfortably decorated. There was a relaxed and welcoming atmosphere.

Residents' healthcare needs were well met. The doctor visited each week-day to review residents. When needed, residents were transferred to hospital for investigation and treatment on the recommendation of the general practitioner (GP). Nursing staff have worked to develop a holistic approach to meet residents care needs. This was well supported by good access to allied health professionals.

The inspector spoke with many residents who were able to communicate verbally. During conversations with the inspector residents confirmed that they were well looked after and they felt safe. Residents' privacy was respected, while simultaneously, residents were seen to receive attention from staff based on their care requirements.

A total of nine outcomes were inspected. Five outcomes were judged as complaint and three substantially complaint with the regulations. One Outcome namely, Suitable Staffing was considered moderately non-complaint as there is an insufficient number of care assistants available in the evening time to meet residents needs.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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 Quality 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:
There were 34 residents accommodated at the time of inspection. Many residents were noted to have a range of healthcare issues. The majority had more than one medical condition. At the time of this inspection 13 residents were identified with a dementia related condition as their primary or secondary diagnosis.

The majority of the residents were residing in the centre for long term care. Four residents were accommodated for a period of respite or convalescent care.

Residents' healthcare needs were well met. The doctor visited each week-day to review residents. When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend specialist medical appointments. Residents were reviewed by the GP prior to hospital appointment to assesses they were medically fit to attend or go on annual outings. There was an out-of-hours GP service available at weekends.

The needs of prospective residents were assessed through a multidisciplinary forum to ensure their needs could be met. Some residents admitted for long term care were well known to the management team having being admitted for periods of respite care or having attended the day service attached to the centre.

The was a good standard of person-centred evidence-based nursing care provided. Since the last inspection nursing staff have improved the standard of care planning.

Clinical assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs. A comprehensive assessment was completed on admission. Care plans were developed for issues identified on assessment and to manage short term health problems including chest or urinary infections.

There was good linkage between assessments completed and developed plans of care.

There were plans of care in place for each identified need. Care plans described well residents' level of independence and what they could do for themselves. Care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans reviewed of agreeing to their care plan.

A social assessment was completed using a validated tool. Past life history details were completed. Important calendar dates and people who feature in the resident's life were detailed. This information was used to inform care plans to meet the psychosocial care needs of residents. Residents had care plans for impaired communication, agitation and mood fluctuations secondary to dementia. Care plans described well each resident's independence and the level of assistance and support required in terms of personal care, mobility and nutritional needs.

Nursing staff have worked to develop a holistic approach to meet residents care needs. This was well supported by good access to allied health professionals. A resident with hearing difficulty had reviews by an audiologist. A communication strategy was developed by the speech and language therapist to assist staff in communicating with the resident. A resident with a foot wound who mobilised actively due to behavioural and psychological signs and symptoms of dementia (BPSD) was reviewed by orthotics and specialised footwear was being acquired.

There was regular access to physiotherapy, a dietitian and occupational therapy. Sensory equipment on a mobile trolley was sourced by the occupational therapist to assist staff engage with residents. The sensory equipment and aids were utilised in bedrooms where residents were very frail and unable to get up regularly. Access to the optician and dentist was facilitated.

There were two residents with vascular wounds and one resident with a wound secondary to a medical condition. There was access to a clinical nurse specialist in wound care management and reviews were completed to assess the adequacy of the current care regime. Two staff members had trained as link nurses in wound care management.

Professional expertise provided was followed. Best practice in clinical recording was evident. There was evidenced based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied. A pain assessment tool was available. Documenting of any pain before, during and post dressing was recorded. Pain relief when administered was outlined in the notes.

Care staff completed repositioning charts for residents with poor skin integrity. There was good recording by care staff of any variance in a resident's skin condition in their personal care bundle documentation.

The nutritional needs of residents were well met. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. The frequency of weight checks is every month to allow for close monitoring of changes and early interventions.

There was a clear policy to guide staff on the required interventions at each stage of nutritional monitoring, including observing intake over a specified period, review by the dietitian and the prescribing of supplements. The care files evidenced good access to the dietitian when required to obtain specialist advice to guide care practice. There were regular reviews to monitor residents and when weight stabilised supplements were discontinued in some cases if judged appropriate. Nutritional care plans were updated to reflect the recommendations of allied health professionals following assessment and reviews.

There was a choice of a variety of well-presented food. Portions were individually plated and generous in size. All residents were offered the option of more at each meal. There was a sufficient number of staff available to assist those requiring help.

A record of residents who were on special diets such as diabetic, fortified meals or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review.

Cold drinks including juices and fresh drinking water were readily available throughout the day. These were placed on small side tables in the sitting room in close proximity to residents.

Judgment:
Compliant

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 were effective and up to date safeguarding policies and procedures in place. Staff demonstrated a good knowledge of adult protection issues. The safeguarding procedures were displayed on the bedroom corridors and at the entrance foyer. This included the contact details of the Health Service Executive (HSE) confidential recipient, who is an independent person appointed by the HSE to receive concerns or to whom anyone can make a complaint. The contact phone number of the local safeguarding team for the area was included.

Refresher training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of the new safeguarding policy.

Since the last inspection there have not been any notifiable adult protection incidents which are statutory reporting requirement to HIQA. The wellbeing and safety of

residents was at the forefront of care. Support was provided appropriately to individual residents. Staff advocated to protect residents, respect their choice and consent. A multidisciplinary approach was implemented. In one file reviewed there was evidence of ensuring a resident's wishes were met and best interests assured through working with the social worker and the public health nurse.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts and security monitoring bracelet). At the time of this inspection there were 11 bedrails in use. There has been a continued reduction in the use of physical restraint. Since the last inspection additional low-low beds have been acquired. There is an increased use of sensor alarms, wedges and crash mats.

A small number of residents wore a security monitoring bracelet. A risk assessment was completed and plan of care was developed to outline the need for the wearing of a restrictive monitoring device to ensure it was in the best interest of the residents.

Staff were competent at managing responsive behaviours. When issues arose there was evidence of reviews. There was evidence in care plans of links with the mental health services. There were five residents on three or more antipsychotic or anti anxiety medications. The rational for any prescribed medication was outlined. Each resident was under the care of the psychiatry team. Nursing staff in conversation outlined the need and clarified the therapeutic benefit of administration.

Where residents were unable to communicate an unmet need there was evidence of exploring issues. Nursing staff spoke of monitoring for infections, constipation, and changes in vital signs in order to establish the cause of behaviours. These interventions were detailed in some residents' care plans.

The inspector spoke with many residents who were able to communicate verbally. During conversations with the inspector residents confirmed that they were well looked after and they felt safe. One resident had returned to the centre for a period of respite praised the staff, as they were very helpful. The resident commented the chef met her on readmission and facilitated her breakfast request each morning. She confirmed staff were responsive to her needs when she used the call bell. Other residents confirmed they knew individual staff well, and stated all their needs were met and their clothes were washed and carefully returned. All residents were complimentary of the choice and variety of food.

There was a policy in place for managing behaviour in dementia care and a policy on self harm. Staff were trained in the Professional Management of Violence and Aggression (PMAV) or responsive behaviours.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
There were no restrictive visiting arrangements apart from mealtimes. Visitors were variously present throughout the day. Residents met visitor in the sitting room, lobby area or quiet alcoves off the corridor. There were areas for residents to receive visitors in private should they so wish. Residents' spiritual needs were well met. There is an oratory available for use. Pastoral care is provided by a member of the nursing team. Religious services occur on a weekly basis.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. 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).

Each observation episode returned a positive result with notes that staff had engaged positively and meaningfully with residents on a regular basis. Residents with dementia were seen to receive care in a dignified way that respected their personhood. The inspector observed staff interactions with residents that were appropriate and respectful in manner. The inspector found 100% of two of the observation periods the quality of interaction score was +2 (positive connective care). One observation period in the morning noted while staff engaged well with residents and responsively to reassure, there was limited stimulating activity or opportunity for meaningful engagement. While a member of the care staff is assigned to activities the period of time is short in duration.

Residents had access to advocacy services. There was an example of the advocate assisting to work to resolve a concern raised by a relative. The management team attended the meeting. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Residents' privacy was respected. They received personal care in their own bedroom. Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

At meal times staff were seen to be speaking to residents, and where support to eat and drink was being provided, it was done in a discreet way. Where residents were able to eat themselves they were supported to be independent.

Residents clothes were labelled. The wardrobes examined were maintained in a tidy condition with clothes folded or hung up tidily.

Judgment:
Substantially 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:
There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The written complaints procedure outlined the procedures for the management of both verbal and written complaints.

A designated individual was nominated with overall responsibility to investigate complaints within the centre. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed in the policy.

A complaints log was in place. This detailed the nature of complaints brought to the management team, the action taken to investigate and resolve issues raised.

The complaints procedures was based on the 'HSE- Your Service Your Say'. This included an appeals procedure if complaints were not resolved at local level. The complainant could bring their complaint to the HSE complaints officer. Additionally the contact details of the complaints Ombudsman were outlined.

The complaints procedure was displayed in the entrance foyer. A comments box was provided to elicit any views on the service provided.

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:
There is a minimum of two nurses rostered on each shift each day of the week supported by the person in charge during the week. There are seven health care assistants from 8.00am till 2.30pm and five until 5.00pm.

There is an insufficient number of care assistant available in the evening time to meet residents needs and ensure safe, quality care. There are two care assistants from 5.00pm till 8.30pm to support the nursing staff and meet the care needs of 37 residents, the maximum number the centre is registered to accommodate. The majority of residents are highly dependent and require support to meet their personal care, moving and handling and nutritional needs. This was an area identified for improvement in the action plan of the previous inspection report.

Information available conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on cardio pulmonary resuscitation, hand hygiene and medication management.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre is purpose-built and designed to meet the needs of dependent persons. The building was well maintained, warm, comfortably decorated and visually clean.

There was a good standard of décor. There is a day sitting room, oratory and a separate dining room located beside the kitchen. The dining and sitting room was decorated and furnished in a way that prompted memory and orientation that defined its main purpose. The decor assisted to orientate residents.

Bedroom accommodation comprises 22 single and three twin bedrooms. There are three

bedrooms accommodating three residents each, all of which have en-suite facilities. All bedrooms have hand washing facilities.

There were a sufficient number of toilets and showers provided for use by residents to include toilets located adjacent to the day room. Grab-rails are provided alongside toilet, showers and wash hand basins. Call alarms are fitted in ensuites and bathrooms.

There was a number of dementia friendly design features throughout the centre. There is good space for residents to walk around freely. The design of the building internally had an open aspect allowing for continuous circular freedom of movement for residents to walk around the building and use the garden as they wish. All parts of the building were well lit.

Bedrooms are very well personalised with photographs situated in close proximity to residents so they can be viewed while resting in bed. Clocks are provided in each bedroom to assist in orientation as regards time. These are located to be visible to residents while in bed. There was good use of pictorial signage to communicate the menu options at each meal time. There was an magnetic board with high quality pictures of food choices for all food options. In addition the menu was displayed on each table in the dining room and on a blackboard.

One resident who spends the majority of the time in bed due to frailty had a landscape scene visible through a framed window strategically placed on the wall to help promote sensory stimulation. A small number of residents were provided with tactile objects such memory blankets.

All bedrooms were numbered. There was good signage to direct residents to the corridor on which their bedroom was located and to the communal areas.

A safe enclosed courtyard garden space is available to residents.

Judgment:
Compliant

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 health and safety of residents, staff and visitors in the centre was generally promoted and protected. There was an up-to-date health and safety statement dated July 2016.

Fire safety was well managed. Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of equipment required to assist each resident evacuate the building safely.

Training records evidenced staff had received up-to-date mandatory fire safety training. Fire drills were completed as part of the annual training and this included a simulated night time scenario. This was an area identified for improvement in the action plan of the previous inspection.

However, records did not indicate fire drill practices were completed routinely. Regular fire drills to help familiarise staff with the fire safety precautions were not completed internally apart from those at refresher training annually.

There were procedures to undertake and record fire safety checks. A fire register was maintained. Weekly checks of automatic fire doors and the fire alarm were completed. A record of the number and type of fire fighting equipment was maintained. Notices on the action to take on hearing the fire alarm or discovering a fire were placed around the building. There were large scale drawings to show the location of the nearest fire exit and the designated escape route from various points within the building.

Fire extinguishers were serviced annually and the fire alarm and emergency lighting quarterly throughout the year in accordance with fire safety standards. On the day of inspection all fire exits and corridors were clear and unobstructed.

There were measures in place to control and minimise risk of infection. One staff member was trained as a link nurse for infection control. Staff has completed hygiene training including hand hygiene. The centre was visibly clean. Staff had access to supplies of gloves and disposable aprons. Staff were observed using the alcohol hand gels placed outside each bedroom door.

The management of clinical risks such as falls were guided by policies and practices. Risk assessments are undertaken to mitigate and reduce the risk of falls. Residents were referred for review by the physiotherapist and occupational therapist. A good range of assistive equipment and devices was supplied to meet the needs of residents. Frail residents were supplied with specialist seating to meet their individual needs. Moving and handing risk assessments and care plans outlined the type of hoist and sling required. Specific recommendation by the occupational therapist were detailed in care plans for example, the sling was to remain underneath a resident while seated to minimise handling interventions and ensure comfort.

Post fall incident reviews were completed in the aftermath of a fall to identify any contributing factors. Residents were referred for review by the physiotherapist and care plans updated to detail any new recommendations.

Staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs.

A risk register was maintained and all accident, incidents and near miss events were

documented for reporting purposes. A recent medication error was documented in the risk register. However, the incident was not reviewed in line with the medicines management policy. The medication error reporting form was not completed. This contains specific details to capture all information relevant to a medication incident, with prompts to guide appropriate responsive action. While there was no negative outcome in this case an incident review to inform learning was not undertaken.

Judgment:
Substantially Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review. It was updated in July 2016 to reflect the change of personnel participating in the management and governance structure.

Judgment:
Compliant

Outcome 11: Information for residents

Theme:
Governance, Leadership and Management

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

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

A sample of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained. The directory of residents' had the facility to contain all information required by schedule three of the regulations. All details of the two most recent admissions to the centre were recorded.

Transfer of information within and between the centre and other healthcare providers was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

Nursing notes were completed on a twice daily basis and provided a clinical record of each resident's health, condition and treatment given.

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector reviewed some operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, risk management, management of medicines and safeguarding vulnerable adults. The majority of the polices were reviewed and an organised plan was in place to complete a review of the remainder to ensure they were centre specific and guided staff practice.

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:

PJ Wynne
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[1]

Centre name:	Arus Carolan Community Nursing Unit
Centre ID:	OSV-0000656
Date of inspection:	14/12/2016
Date of response:	28/12/2016

Requirements

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

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

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Refresher training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of the new safeguarding policy.

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

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

Please state the actions you have taken or are planning to take:
Of the 38 staff employed, 21 have received Safeguarding Vulnerable Adult training. The remaining 17 staff will be prioritised for Safeguarding of Vulnerable Adults Training in line with the introduction of the new safeguarding policy.

Proposed Timescale: 31/03/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited stimulating activity or opportunity for meaningful engagement throughout the morning. While a member of the care staff is assigned to activities the period of time is short in duration.

2. 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:
To facilitate residents in availing of opportunities to participate in activities in accordance with their interests and capacities the activities co-ordinators hours will be increased. The activities co-ordinator will continue to use skills developed through training in Care Pals and Go For Life training. activities Programme will be extended, for example to include the opportunity to attend Yoga classes and arm chair exercises.

Proposed Timescale: 30/04/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There is an insufficient number of care assistant available in the evening time to meet residents needs and ensure safe, quality care.

3. 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:
A review of the number and skill mix of staff appropriate to residents' needs will be undertaken and assessed in accordance with Regulation 5 and the size and layout of the designated centre. Following review additional care staff as assessed will be recruited to meet residents' needs.

Proposed Timescale: 30/06/2017

Outcome 07: 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:
A medication error was not reviewed in line with the medicines management policy. The medication error reporting form was not completed to capture all information relevant to a medication incident to guide appropriate responsive action.

4. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
To ensure risk management policy set out in Schedule 5 is fully complied with in relation to Medication Management all nurses will be provided with refresher training in the medication management policy and updated in the risk management policy. Where there are Medication Risk Management Issues identified these will be discussed as the twice daily safety pause and medication error form completed and action plan developed.

Proposed Timescale: 31/03/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records did not indicate fire drill practices were completed routinely. Regular fire drills were not completed internally apart from those at refresher training annually.

5. 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:
To ensure that the persons working at the designated centre and residents are aware of the procedure to be follows in the case of fire, fire safety management system will be implemented to include carrying out of fire drills at suitable intervals. The fire alarm will be checked each Wednesday at 12 noon and a fire drill will be carried out on the first Wednesday of each month. A night fire drill will be carried out twice a year in April and September.

Proposed timescale: September 30th 2017 and on-going

Proposed Timescale: 30/09/2017