

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinamore House Nursing Home
Centre ID:	OSV-0000317
Centre address:	Ballinamore, Kiltimagh, Mayo.
Telephone number:	094 938 1919
Email address:	ballinamorehouse@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Raicam Holdings Limited
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	4

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 Monitoring 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:
25 April 2019 11:30	25 April 2019 18:00
26 April 2019 08:30	26 April 2019 15:30

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	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

As part of the thematic inspection schedule, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The judgments in the self-assessment were that substantial or full compliance was demonstrated. Almost half of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The inspector found the provider was in substantial or full compliance with the outcomes reviewed except for

the premises where communal bedrooms and the lack of a lift have previously been identified as in need of attention and are being addressed by a major refurbishment plan.

Ballinamore House Nursing Home is located in a rural area a short drive from the town of Kiltimagh in County Mayo. The setting is a large period house that has been converted for use as a nursing home. Many original features including a church building have been retained. The atmosphere was homelike and comfortable. There were several communal areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents throughout the day. There are garden areas at the front and rear of the building that are accessible to residents.

Overall, the inspector found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information about dementia was available for residents and relatives. An information evening held in the centre on this topic had been very successful according to the person in charge. Residents who experienced responsive behaviours had appropriate interventions that enhanced their comfort and well-being. Staff demonstrated good communication skills and residents were engaged in meaningful useful activities around the centre that occupied them and gave them a purpose. The inspector saw the improvements had taken place since the last inspection. Several windows had been replaced, a sensory room had been developed, signage to aid orientation and to advise of emergency procedures was displayed and health care related assessments had been completed and were used to inform care practice. The plans to upgrade the building had advanced and the provider/person in charge was confident that the time line allowed would be achieved.

Staff had received training which equipped them to care for residents who had dementia. Staff were observed to be kind and respectful at all times. Overall a good standard of communication and interaction was observed, and staff responded in a timely manner to residents and relatives who required attention. Residents with dementia were supported to exercise choice and had a programme of social activity that was varied and targeted to their needs.

The inspector tracked the care pathways of residents with dementia and spent periods of time observing staff interactions with residents. A validated observation tool, the quality of interactions schedule -QUIS was used to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in the sitting areas on both floors including times when a scheduled activity was underway. The inspector observed that staff interactions were personal and meaningful. Staff chatted to residents about news and events. Many conversations took place in Gaelic as this was the language that some residents could recall more easily. Residents were observed to be treated with dignity and respect during all staff contacts. Staff could describe residents' care needs and their health care situations in a person centred manner.

The two conditions that apply to the registration of the centre in respect of the

premises were adhered to and are discussed under outcome 6- Premises. Areas identified for improvement are included in the action plan.

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):

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

Findings:

There were suitable health and social care arrangements in place to meet the assessed needs of residents and the specific needs of residents with dementia. Comprehensive assessments were completed prior to and after admission to determine the setting was able to meet residents' needs. Care plans were developed within a 48 hour timeframe to inform the care to be provided.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process and that they were updated when residents' health needs changes or a significant event occurred. Actions required from the previous inspection related to care practice, continence assessments, the provision of modified diets and specialist equipment had been completed. The inspector found that catering and care staff were well informed about residents dietary needs and that appropriate diets and food consistencies were supplied for residents. Good practice was observed in relation to residents who exhibited restless behaviours consequent to dementia. Staff were observed to sit and have their own meals, tea and coffee with residents and to engage them in conversation to help residents relax and eat adequate meals. Residents were also supplied with snacks at times when they were involved in an activity and throughout the day. This ensured that residents' weight was maintained. Regular monitoring of weight and other observations were undertaken to detect change and prevention deterioration in health. Appropriate equipment such as scales and glucometers was in place to ensure monitoring could be undertaken effectively.

The standard of care planning in relation to dementia care was good overall with details on residents' backgrounds and lifestyles used to inform care practice. An informative "Key to Me" form was completed to advise staff about resident's lifestyles, hobbies and usual routines. The varied ways dementia impacted on day to day life was described. For example residents' capacity for independence, who they continued to recognize and if they could participate in a group activity was recorded to guide staff interventions. Improvements were needed to some care records as they did not describe the impact of staff interventions that contributed positively to residents' well-being. For example the inclusion of residents in activities around the centre such as helping in the garden and at

reception were creative ways that absorbed residents' attention in a meaningful way but these beneficial outcomes that were relevant to several residents was not reflected in care records or in the reviews of care outcomes.

Care plans were informed by comprehensive assessment and the application of validated tools to determine resident's risk of malnutrition, falls, level of cognitive function and skin integrity among others. Care plans were updated at three to four monthly intervals and when residents' needs changed. The inspector found that staff were knowledgeable regarding residents' likes, dislikes and care needs. A communication policy document was available to inform residents' communication needs including residents with dementia.

There were arrangements in place to support good communication between the centre and acute hospitals when residents were admitted or discharged. The person in charge told the inspector that most residents were admitted from hospital or home and she or her deputy visited prospective residents prior to their admission to the centre. Pre-admission documentation was retained in each residents file as required. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and ensured that all involved could make an informed decision about the prospective admission.

The files of residents' admitted from hospital contained their hospital discharge documentation. If a resident transfer took place the nursing staff provided a detailed account of their individual preferences and strategies to prevent or to support their physical and psychological symptoms of dementia (BPSD) if necessary.

There was evidence that residents had access to health care services including support to attend out-patient appointments. The person in charge confirmed that there was good access to primary care services. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Residents from the locality could retain the services of the GP they attended prior to their admission to the centre. Residents had access to allied health professionals. dietetic, speech and language therapy, dental, ophthalmology and chiropody services as necessary. Members of the community mental team provided support to some residents in the centre. This service assisted doctors and staff with the care of residents experiencing behaviours associated with dementia or other conditions. The inspector saw that residents on specialist medicine regimes were monitored regularly.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. No residents were in receipt of end-of-life or palliative care services at the time of this inspection. The inspector reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents receiving end-of-life care were accommodated in single bedrooms where possible, to enhance their end-of-life comfort and privacy. Relatives of residents were facilitated to stay overnight with residents receiving end-of-life care if they wished. Staff outlined how residents' religious and cultural practices were met. Members of the clergy from the various religious faiths were available to provide pastoral and spiritual support to residents as necessary.

There were procedures in place to prevent residents developing pressure related skin

injuries. Each resident had this risk assessed and pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate the risk of skin breakdown. There were no pressure area care problems in receipt of attention when the inspection was undertaken.

The inspector saw that residents had a choice of hot meals at main meal times. The catering staff confirmed that alternatives were also available if residents did not like the dishes on offer. Staff reminded residents with dementia of the menu available at mealtimes so they were provided with the food they liked to eat. Nurses advised catering staff about residents' individual diets, dietary restrictions and supplements. Residents on specialised diets such as diabetic, fortified and modified consistency diets and thickened fluids were observed to receive their correct diets and fluid consistencies. Residents received support encouragement and assistance from staff with eating where necessary. Residents spoken with commented positively on the food provided to them. A variety of drinks were made available to residents at mealtimes and throughout the day.

There were arrangements in place to record and review accidents and incidents involving residents in the centre. Residents were assessed on admission and regularly thereafter to ensure the risk of falls was minimised. There was a low incidence of resident falls resulting in serious injury. There was sufficient evidence to demonstrate that appropriate action was taken to review and prevent falls.

Residents were protected by safe medicines management practices and procedures. There was a policy to guide nurses on all aspects of medicines management. Practice in relation to medicine prescribing and reviews met with legislative requirements. Nursing staff were observed administering medicines to residents and practices reflected professional guidelines. Safe storage and checking procedures were in place for all medicines including medicines controlled under misuse of drugs legislation.

The provider had judged the centre as substantially compliant and the inspector made a similar finding.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Staff had received training on how to identify and respond to elder abuse and safeguarding concerns. There was a policy in place which gave guidance to staff on the

assessment and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear about reporting procedures.

There were appropriate systems in place to safeguard residents' money. The provider had agent responsibility for one resident's finances. This was in accordance with the Department of Social Welfare guidelines and letters were on file to confirm the arrangement. An income and expenditure account for 2019 was available and this described the transactions that had been completed.

Restraint use was low with nine bedrails currently in use. There were system in place to assess and review the use of this equipment and reasons why this was the most appropriate options were described.

Staff adopted a positive, person centred approach towards the management of behaviours that challenge. The majority of staff had attended training on dementia care and on the management of responsive behaviours. Further training was scheduled. Staff said they had found this training very helpful in their day to day work. The inspector observed that where residents displayed responsive behaviours that staff responded in a manner that was appropriate and enhanced the residents' well-being.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

The inspector found that the rights and dignity of each resident was respected and with the exception of privacy standards that were compromised in communal bedrooms was achieved to a good standard. The nursing assessments included information on each resident's functional capacity, their abilities, care and social needs. The centre was very calm and had a relaxed atmosphere. Residents told the inspector that they had a lot of freedom and felt free to follow their own routines. Staff were observed to use all opportunities when they were in contact with residents to engage with them in a positive and meaningful way. Residents were greeted by staff when they met, were advised of what was going on including that an inspection was underway, the activities that were scheduled and the food being served at meal times. The daily routine reflected residents' personal choices in relation to getting up and going to bed. This was confirmed by residents who spoke to the inspector. The activities available to residents, including those with advanced dementia or other cognitive impairments reflected the

capacities and interests of each resident. The provider and person in charge were exploring options for residents who had particular communication needs with a view to developing their capacity.

The centre had an activity co-ordinator who worked four days a week and who planned the daily social care programme. Group activities that included exercise classes, music sessions, sensory activity, discussions, and one to one support was scheduled to meet the needs of residents. Residents who spoke with the inspector were satisfied with activities that were arranged. Staff created good opportunities for one-to-one contact with residents who were unable or unwilling to participate in groups. Staff were creative in offering stimulation to residents with advanced dementia. Sensory items, pictures and old films were in use to promote residents' interest.

A 'Key to Me' document that provided information about residents' backgrounds, hobbies and preferences was used to inform the organisation of activities. The inspector found that the 'key to me' provided valuable information for staff when engaged in reminiscence activity and enabled staff to engage in a person centred way with residents.

The inspector spent three periods of time observing staff interactions with residents during the morning and afternoon. The inspector used a validated observation 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 both the communal areas. The overall quality of interactions was found to be very positive and staff were observed to be cheerful, engaged and always spoke in a kind, unhurried and friendly manner to residents. The inspector observed staff knocking on doors before entering residents' bedrooms. Screens in bedrooms were used effectively to protect residents' privacy in communal bedrooms. The inspector also observed that staff helped put residents at ease if they appeared anxious and helped them engage with each other.

The action plans in the last report had been addressed. The small sitting room where residents were noted to have little activity during the last inspection had been reorganized into a sensory room. Residents now had more sensory stimulation as a range of sensory equipment had been provided. This was observed to be a beneficial addition for residents using this room. Care plans reviewed outlined where residents had a cognitive impairment and their communication capacity and this information was observed to be reflected in staff interactions.

Mealtimes were observed to be social occasions and all residents were well supported to enjoy the dining experience.

There were regular meetings with residents to enable them to express their views about how the centre is run and the services that are provided. Residents' meetings were held every month and were attended by a good proportion of residents. These meetings were used to discuss menus, activities, outings and changes to the centre. The inspector saw that residents had been provided with information on work undertaken such as decorating and had been advised about the planned building programme. Decisions were made collectively about proposed trips and events.

Residents said they had daily and local newspapers provided and had good access to televisions and radios.

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:

A complaints procedure was in place and residents the inspector talked to were aware that they could make a complaint. They said they felt they could raise an issue with any staff member but if it was a serious concern they would go to the nurse in charge or to the provider. No complaints had been made or recorded since 2017.

The complaints procedure was displayed and this was in line with the information within the complaint's policy. There was an appeals process outlined within the policy should the complainant be dissatisfied with the outcome. Residents had access to an independent advocacy service and details of this was readily available.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The centre had appropriate staff numbers and a varied skill mix to meet the assessed needs of residents. Throughout the inspection, the inspector observed that staff allocations were sufficient to meet the needs of the residents. All areas were appropriately supervised. Residents who requested assistance were responded to promptly. Care interventions were not rushed. Residents said that they were given time when personal care was delivered and that they did not feel rushed. Staff were

observed to offer residents choice and to return to assist them if they were not ready for an intervention when first approached.

The inspector reviewed the staff rota and staff deployment in the centre. The rota was found to be representative of the staff that were on duty during the inspection. The inspector found that there was an appropriate level of staff supervision, with the person in charge or her deputy on duty to support the nurses and care staff on duty. Unanticipated absences were usually covered by existing staff who worked part time.

Training records were reviewed and staff were up-to-date with training in fire safety, safeguarding and moving and handling. Staff had received training in dementia care, the management of responsive behaviours, restrictive practice, the management of personal information, resuscitation, infection control and health and safety during 2017, 2018 and 2019.

The inspector confirmed that safe recruitment procedures for staff working with vulnerable people were in place. A sample of staff files were reviewed and were found to contain the majority of the required documents listed in schedule 2. A record lacked information on experience or training in care practice however the provider and person in charge had identified appropriate and positive attitude to the care of older people as well as a diligent work record and training was now being provided. Up to date registration was available for all registered nurses.

The provider had judged the centre to be substantially compliant as dementia care training was underway when the assessment was completed. The inspector judged the centre as compliant as only a small number of staff required training and this was scheduled.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

This building is a large period residence that is a listed structure. Previous inspection reports have described where the structure does not meet current standards or legislative requirements. Access to the upper floors is gained via stair lifts. These do not support the needs of highly dependent residents. There are some communal bedrooms that do not provide adequate space to ensure good standards of privacy and dignity. The provider representative has a plan in place to address the deficits by November

2019. There are two conditions attached to the registration. These are:

Condition 8 states:

Residents who have been assessed as requiring the assistance of more than one member of staff to mobilise may not be accommodated on the upper floor.

Condition 9 states:

The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 27 March 2017. The reconfiguration must be complete by 30 November 2019. This condition is attached to ensure that all existing and future residents are afforded appropriate dignity and privacy through the provision of adequate personal space and ensure that the premises meets the needs of these residents.

Both conditions are being adhered to and the inspector found that no residents on the upper floor required the assistance of more than one staff. The provider representative was confident that the required work will be completed on time. The inspector requests that an update on the progress of the works is provided at the start and midway through the work schedule to ensure continued adherence to the condition of registration.

The layout of bedroom accommodation is currently configured in four bedrooms that accommodate four residents, one bedroom that accommodates three residents, one double room and 21 single rooms. There are several sitting areas and these are located on ground and upper floors. The main dining room is located on the ground floor. Residents told the inspector they liked living in the centre as they liked the ancient features and overall surroundings. Overall there was a satisfactory level of cleanliness and hygiene maintained and measures were in place to prevent and control the spread of infection.

There was a call bell system and appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. There were several chair lifts to enable residents access the upper floors. A review of the servicing and maintenance records for equipment found that equipment was serviced regularly and maintained in good condition. Appropriate arrangements were in place for the disposal of clinical and general waste.

There were several dementia friendly features that supported residents with dementia. Doors to toilets were painted yellow and toilets had contrasting coloured seats to assist residents' orientation and to aid recognition of these facilities. Interesting pictures and features had been painted on walls to promote interest and help residents orientate to their environment. Meaningful quotes stencilled onto walls also added interest for residents. A sitting room on the ground floor had been adapted to a sensory area. This had been comfortably furnished and suitably decorated for this purpose.

The following areas that are not part of the refurbishment plan were noted to need attention:

- Mirrors and toilet roll holders were not always positioned in the most accessible locations
- The storage of hoists in some bathrooms and toilets could cause disorientation where residents have confusion or orientation problems, as they may not recognize the purpose

of the room due to the equipment

Residents were encouraged to personalise their rooms and bedroom areas. Many had photographs and other personal belongings displayed near their beds. Heat, lighting and ventilation were adequate and the temperature of the building was appropriate.

The centre is located in large grounds and some areas had been developed to provide accessible outdoor space for residents. Raised vegetable beds had been created and had been planted up by residents with staff support.

Judgment:

Non Compliant - Moderate

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:

There were several areas of risk identified at the last inspection that was completed on 20 and 21 September 2017. These risks included:

- the storage of personal protective equipment in a way that presented risk to vulnerable people
- clinical waste not stored securely
- inadequate practices to control the development of legionella and inadequate cleaning of wheelchairs and commodes
- poor storage arrangements including oxygen storage.

These areas had been addressed following the inspection according to information supplied to the office of the Chief Inspector. The inspector found that the systems put in place had been maintained. Contracts were in place for water testing, the maintenance of equipment and for the disposal of waste which was stored appropriately while awaiting collection.

The inspector saw that there was information available to guide staff in critical situations that included a resident missing from the centre. Profiles of residents had been completed however missing person profiles and personal evacuation plans were not fully complete in some of the sample viewed. Information on residents cognitive conditions, capacity to cooperate in an emergency and the possibility of responsive behavior presenting an obstacle had not been included to guide staff.

There were several actions in relation to non compliance with fire safety regulations. These included:

- Floor plans that did not describe fire compartments accurately
- Inadequate fire safety checks
- Poor provision for fire containment of fire due to inadequate fire doors

These matters had been addressed. Fire doors had been upgraded and floor plans described the premises accurately. There were regular safety checks of fire exits and the fire alarm. Staff could describe how the centre was to be evacuated in an emergency and could locate the nearest exit routes when asked about emergency procedures. There were contracts in place for the service of the fire alarm, emergency lights and fire extinguishers which were prominently located throughout the building. Fire exits were noted to be clear and unobstructed.

Fire drills were undertaken regularly and were noted to be completed at varied times of the day and evening. The inspector reviewed the fire drill records and found that the record did not describe the scenario that had been enacted and that possible problems staff could encounter such as the varied ground surfaces leading to the fire assembly point had not been identified as an obstacle during an evacuation. Staff were well informed about fire safety procedures, were noted to observe residents who smoked closely and to keep fire exits clear of equipment and other items.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
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:	Ballinamore House Nursing Home
Centre ID:	OSV-0000317
Date of inspection:	25/04/2019
Date of response:	13/06/2019

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:

Care plans and reviews of care did not reflect the range of staff interventions that had been employed to address the care needs of residents and that had resulted in good outcomes for residents.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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

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 will identify and document the range of interventions that are employed to address the care needs of the residents that further reflects the good outcomes for residents.

Proposed Timescale: 10/07/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The following areas that are not part of the refurbishment plan were noted to need attention:

- Mirrors and toilet roll holders were not always positioned in the most accessible locations
- The storage of hoists in some bathrooms and toilets could cause disorientation where residents have confusion or orientation problems.as they may not recognize the purpose of the room due to the equipment.

Continued adherence to conditions 8 is required and to the time scale described in condition 9 of the registration is required until the scheduled works are completed. An update when the works commence and mid way through the work programme is required to assure the Chief Inspector that the time line for completion of the works will be achieved.

2. 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:

Mirrors and toilet roll holders location will be addressed and adjusted
. Hoists will not be left in the bathrooms

**Regular updates will be provided to HIQA regarding scheduled works.

Proposed Timescale: 30/07/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

While there was information available to guide staff in critical situations that included a resident missing from the centre, profiles of residents including missing person profiles and personal evacuation plans were not fully complete in the sample viewed. Information on residents cognitive conditions, capacity to cooperate in an emergency and the possibility of responsive behavior presenting a hazard had not been included to guide staff.

3. 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:

The information in the missing person profiles and personal evacuation plans will reflect the resident's cognitive conditions and potential responsive behaviours.

Proposed Timescale: 28/07/2019

Theme:

Safe care and support

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

The fire drill records did not describe the scenario that had been enacted or the possible problems staff could encounter such as the varied ground surfaces leading to the fire assembly point which could present an obstacle during an evacuation.

4. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Within our fire drill records, we will describe the scenario and highlight potential problems with more detail.

Proposed Timescale: 28/07/2019

