

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Áras Deirbhle Community Nursing Unit
Centre ID:	OSV-0000644
Centre address:	Belmullet, Mayo.
Telephone number:	097 81 301
Email address:	belmullet.hospital@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Geraldine Jolley
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 December 2019 09:00 To: 06 December 2019 18:30

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, a provider self-assessment was completed where the service was compared with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on how care was provided to residents with dementia care needs. The inspection also reviewed the response to the action plan and findings from the last inspection carried out on 22/23 January 2018. All

actions except one had been addressed to a satisfactory standard. The inspector found that while there was an audit system in place a specific quality improvement plan was not always compiled to ensure the required improvements were made.

During the inspection the inspector talked with residents, visitors, the person in charge and staff on duty. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and the interactions between staff and residents using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to inspection.

Aras Deirbhle is a community nursing unit that is registered to provide care to 30 residents. It is linked to Belmullet District Hospital and is located half a kilometre from the town of Belmullet. It is operated by the Health Service Executive (HSE). It is a single-storey purpose built building. Residents accommodation is comprised of four twin ensuite rooms and 22 single rooms. A dining room, a large bright sitting room/ living area with a sea view, a visitor's room, oratory, hairdresser's room, kitchen and various offices and staff facilities make up the structural layout. In the twin rooms screening curtains are provided around beds for privacy. An individual wardrobe and locker with a lockable drawer is available for each resident in which residents can store their valuables and personal possessions. The building was visibly clean, bright, warm and comfortable when inspected. There were maintenance issues that required attention and these included tile and floor damage in some areas. There were sufficient toilets and showers to meet residents' needs. Structural improvements in recent years have enhanced the living environment and ensured residents' privacy and dignity can be protected to a good standard.

Older persons who need long term care, people who have dementia care needs and people under the age of 65 requiring residential care who prefer to remain in the local area are admitted. There is an enclosed garden provided with seating. All entrance and exit doors are ramped ensuring ease of access for residents. There is ample parking to the side of the building.

At the time of inspection there were 29 residents residing in the centre and over half had a diagnosis of dementia or cognitive impairment. The inspector observed that many residents required substantial assistance and monitoring from staff. Overall, the inspector found the person in charge and staff team were very committed to providing a high quality service for residents. The environment that had been upgraded to ensure that it provided good standards of privacy and there were ongoing efforts to make it more accessible for people with dementia. There was some signage to help residents identify rooms however signage to help residents with way-finding around the centre and help them identify the location of general facilities as they walked along required improvement.

The inspector saw that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the layout of communal rooms that had good natural light and provided views of the surrounding coastline, the provision of interesting activity during the

day and a focus on meeting residents' personal choices. The inspector saw that visitors were welcomed all day and were engaged with their family members to the extent they wished. There was a staff member allocated to social care and the inspector saw that varied activities were organized according to the season and time of year. Residents were engaged with making Christmas decorations on the day of the inspections. The outdoor spaces were accessible and had been cultivated to provide interest for residents.

The inspector talked to eight residents and four visitors. They all gave positive feedback about the service and said they valued the commitment and dedication of staff, the health care arrangements and how their choices and views were accommodated by the staff team. Staff were familiar with residents' likes, dislikes and personal preferences. Staff interacted with residents in a friendly, kind and warm manner. Residents told the inspector that they felt safe, well protected by staff and were happy living in the centre.

The overall atmosphere throughout the centre was home-like and comfortable. Bedrooms were observed to be very personalized and reflected the interests of residents. There was a lack of dementia friendly features such as signage to guide residents around the centre effectively and the person in charge said this was a priority as it had been recognized as a deficit in the premises layout. Some maintenance problems also needed attention as there was damage to flooring and tiles in varied areas.

The governance and management arrangements were reviewed. There was a clearly defined management structure that identifies the lines of authority and accountability. Staff of various grades were aware of the organisational structure of the centre and the ethos that underpinned the provision of nursing and social care in the designated centre. An annual review of the service was completed for 2018. The inspector found from an examination of the staff rosters, communication with staff on duty and residents and relatives that the levels and skill mix of staff while adequate on the day of the inspection was subject to fluctuation due to varied absences. The use of agency staff had been approved to address shortfalls in regular staff. There was evidence that staff had access to education and training appropriate to their role and responsibilities however there was no formal induction for agency staff employed to ensure they were familiar with the centre's procedures and the needs of residents.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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 2016. In addition to the areas described above there were improvements required in the following areas:

- the fire safety measures required review as the floor plans on display did not reflect the layout accurately
- the organisation of documentation required review to ensure ease of use and accessibility
- the format of the annual review did not include consultation with residents.

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:

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

There were 29 residents in the centre during the inspection. There was a formal assessment of dependency needs and this included an assessment of cognitive ability and social care needs. These assessments were used in a meaningful way to guide staff in their day to day interactions with residents. Staff interviewed were aware of areas where residents had difficulties and needed support. Activity staff ensured that there was social care options suitable for people with dementia. The inspector observed residents being prompted to eat and drink at meal times and residents being encouraged to mobilise throughout the day.

The inspector saw that residents had access to appropriate medical and primary care services. Residents' medical records conveyed that reviews of health conditions were completed regularly and also that medicine regimes were reviewed to meet residents' changing needs. Residents had access to allied health professionals. Physiotherapy and occupational therapy services were available. Residents were assessed on admission for risk factors such as poor nutrition, falls risks, responsive behaviours and other vulnerabilities such as cognitive impairment that required extra care and support to help them orientate to their surroundings. Dietician and speech and language services were available as required. Where residents required modified diets or supplements these were outlined in professional assessments and relayed to care and catering staff who were observed to follow the recommendations outlined. Residents also had access to specialist services when required if their needs changed.

The inspector saw that care plans were compiled within 48 hours of admission and were based on the assessments completed and background information from residents and family members. Residents told the inspector that staff discussed all their care with them and explained their treatment and medicine regimes. The inspector found that the care plans guided care and were very person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. The inspector found that care plans were adequately

detailed to guide staff on how to address the needs of residents with sensory or cognitive impairments or a combination of factors. Care records outlined the actions to be taken in a range of circumstances including the management of responsive behaviours. The inspector found that a comprehensive overview of residents' health and condition was completed quarterly. Changes in health and well being could be easily determined from one review to another. The way that dementia impacted on daily life was described and information on the activities residents that could do for themselves, who they recognise and if they are orientated in time and place was outlined. Consent to treatment was documented. Nursing notes were completed on a daily basis.

Residents at risk of developing pressure area problems had care plans to guide staff in how to prevent such outcomes. There was pressure relieving mattresses and cushions available to prevent ulcers developing. The inspector observed that residents' requests for help were responded to promptly and residents' comments confirmed that their daily personal care needs were well met. Residents were encouraged to keep as independent as possible and the inspector observed residents moving freely around the centre and enjoying the organized activities.

The centre had policies on medicine management and these described the ordering, receipt, administration, storage and disposal of medicines. Medicines were stored securely and observed to be administered safely in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. The inspector reviewed a number of medication prescription charts and noted that all included the resident's photo, date of birth and general practitioner (GP) details. There was a system in place for reviewing medicines on a three monthly basis by the GP and pharmacist and this was documented in residents' notes.

The inspector saw that there were suitable arrangements in place to meet residents' end of life needs including the needs of residents with dementia. Residents and their families, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Families were facilitated to be with residents at end of life and facilities were provided to ensure their comfort. Overall the inspector found that the care practices in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission however the assessment tool in use was not always updated at the required monthly intervals. The inspector found for example that some weight records had gaps of several months which presented a risk as fluctuations would not be detected in a timely manner to prevent deterioration in health. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. Staff sat with residents while providing encouragement or assistance with their meal. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of dieticians and speech and language therapists.

In the self-assessment the centre was judged to be compliant however the inspector made a judgment of substantial compliance due to the deficit in nutrition assessments.

Judgment:

Substantially 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:

Staff had received training on how to identify and respond to elder abuse and safeguarding concerns. There was a policy in place that gave guidance to staff on the assessment and investigation of any safeguarding allegation or incident. 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 systems in place to safeguard residents' money. An established Health Service Executive procedure was in place and was adhered to by staff.

Staff adopted a positive, person centred approach towards the management of behaviours associated with dementia. Training on this topic and on dementia care was ongoing and the inspector was told that further training was scheduled for the end of December. The inspector observed that where residents displayed responsive behaviours staff responded in a way that was sensitive, appropriate and enhanced the residents' well-being.

An action plan in the last report described that where bedrails were used as enablers care plans did not outline this function. This had been remedied and care plans now described clearly if bedrails were used as enablers or as a restraint measure to protect safety. Additional equipment such as low level beds and sensor alarms were available to reduce the need for bedrails.

The centre was judged compliant in the self assessment and the inspector's findings confirmed this judgment.

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:

An action plan in the last report highlighted that smoking arrangements were unsuitable. This was the subject of a condition of registration and was remedied. The inspector saw that a suitable area was available for residents to smoke in comfort.

Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choices were respected and that they had control over aspects of their daily life in terms of the time they got up, returned to bed, staying in their rooms or spending time with others in the communal areas. Residents were free to spend time wherever they wished and the inspector saw residents sitting in varied areas during the day. Residents were observed to have visitors throughout the day and this contributed positively to their quality of life and that of their families. Visitors and relatives told the inspector that staff welcomed them and ensured they could support residents as much as they wished. They said staff enabled them to spend whatever time they felt they needed to with loved ones. Visitors were observed to come and go throughout the day. Staff spent time talking with family members and visitors.

Respect for privacy and dignity was evidenced throughout the inspection day. Staff were observed to knock on doors before they entered and privacy was further protected by appropriate screens in shared rooms. Staff were observed communicating appropriately with residents and took into account communication difficulties and sensory problems. The communication techniques relevant to residents were documented in care plans reviewed. Residents said they were treated with respect and said that staff knew them and their routines well. The inspector heard staff addressing residents by their preferred names and speaking in a respectful manner at all times. Staff paid good attention to residents' appearance, dress and personal hygiene and were observed to be very caring during their interactions with residents. Residents could choose what they liked to wear and there was adequate storage in bedrooms which enabled residents to keep a good quantity of clothing in the centre. Inadequate storage had been described in the action plan of the last inspection and had been addressed as part of the refurbishment.

Residents said they voted in local and national elections and were kept up to date with local news and events by staff and by reading local and national papers. Residents had access to daily newspapers and residents were observed to enjoy reading the paper and talking about the news. Residents had radios and televisions in communal areas and in their bedrooms. There was also information on how to make a complaint and how to contact the confidential recipient available.

There were regular meetings with residents and the person in charge and activity coordinator said that residents were consulted about varied aspects of life in the centre. The inspector read the minutes of residents' meetings. These were limited in content

and only referred to social care and activities. The number of residents who attended was also small with just three or four residents in attendance at recent meetings. The inspector formed the view that the range of topics for discussion at meetings should be expanded and that efforts should be made to ensure more residents attended.

There was a healthcare assistant allocated to coordinate social activity on a daily basis. She had training in activity provision that included Imagination Gym and Sonas (a sensory activity that is aimed at people with dementia). Activities scheduled were noted to be meaningful and purposeful and were tailored to the needs, interests and capacities of residents. Activities included discussions of the local and national news, prayers/mass, music sessions, exercises, art work, knitting and crafts. Residents were helping to make Christmas decorations on the day of the inspection. Residents and visitors were complimentary about the social opportunities available.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observation tool (the quality of interactions schedule QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place during the morning and afternoon. The inspector found that interactions were positive and meaningful with good examples of person-centred care in evidence. For example, the inspector saw that residents with high level care needs had regular interactions with staff, were included in conversations and supported with an activity that was suitable for them. This included one to one time chatting and sensory activity.

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:

Residents and visitors said that if they any concerns they would raise them with the person in charge or any staff and were confident they would be resolved.

There was a policy and procedure to guide anyone making a complaint about the service. This described how to raise an issue, the investigation process and general management of the complaint. The procedure was displayed and was also outlined in the statement of purpose and in the Residents' Guide. The inspector was told that the Health Service Executive complaints procedure has been reviewed and training has been provided for staff who are the nominated complaints officers. In this centre the person in charge is nominated for this role.

Staff interviewed had a good understanding of how to manage a complaint. Complaints and compliments were recorded. No complaints were in receipt of attention when the inspection was completed. The inspector viewed a selection of complaints where actions taken and outcomes were documented in accordance with best practice.

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 inspector reviewed staffing levels and staff rosters over a three week period. The rota showed that planned staffing levels reflected the actual staff arrangements in place. The inspector saw that communal areas were supervised at all times and there was staff in the sitting room in addition to the activity staff when a scheduled activity was underway to avoid disruption to the session. There were two registered nurses on duty at all times in addition to the person in charge or the clinical nurse managers. There were four care assistants on duty up to 16:30 with two until 21:00hrs and one on night duty. A porter also worked on night duty and his duties were shared with the adjoining district hospital. Administration staff, cleaning, laundry, catering and maintenance staff were also available. There was a shortfall in the availability of regular staff when the inspection was completed and this was filled by agency staff. The inspector was told this was a temporary solution. Agency staff were familiar with the centre having worked there previously however, there was no induction programme completed when they commenced duty to ensure they were familiar with the layout of the centre, emergency procedures and residents' care needs which could lead to inconsistent care practices. The statement of purpose described the WTE staff employed to meet the needs of residents' in the centre.

The person in charge was suitably experienced and fulfilled the criteria required by the regulations in terms of qualifications. She has been in post since 2013. She works full-time but her time is not dedicated fully to the designated centre as she also has responsibility for the adjoining 20 bedded District Hospital. She knew residents well, was familiar with their care needs and was knowledgeable about the Regulations, Standards and her statutory responsibilities.

Staff training was monitored staff working were up to date with mandatory training however the training record provided showed that some staff who were not currently working required training in fire safety when they resumed their roles. Additional training

was provided for staff and this included training in dementia care and in responsive behaviours. Training was also regularly provided on infection control and prevention, end of life care and nursing staff had completed training in management of medicines.

There were regular governance and management meetings and the person participating in management on behalf of the HSE visited the centre regularly and was present during the feedback meeting. While there had been a regular routine of staff meetings these had not taken place since July due to the staff shortfall. There was a staff handover meeting at shift changes to ensure staff were up to date with day to day matters. Management meetings to review learning across centres took place at a regional level. Staff had access to relevant policies and information on the standards and regulations was also made available to staff.

The centre was assessed as substantially compliant however the inspector judged it to be moderately compliant.

Judgment:

Non Compliant - Moderate

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:

Aras Deirbhle is registered to provide care to 30 residents. The inspector viewed the building layout with the person in charge. Residents' bedrooms were noted to be personalized with ornaments, photographs and memorabilia belonging to residents. Residents had good access to televisions, radios, papers, magazines and activity material.

The centre had some signage to guide residents to their bedrooms and to areas such as the dining room however there was a need to enhance signage and other features to make the centre dementia friendly taking into account the number of residents with dementia or cognitive impairment. There were good features in toilets and bathrooms with contrast in colour schemes making wash hand basins, toilets and hand rails easy to see. The size and layout of the bedrooms occupied by the residents were suitable to meet their needs. A sufficient number of toilets, bathrooms and showers were available. Access in and out of the centre was secure. The garden areas had been organised to meet the needs of residents. Pathways were level and there were ornaments and varied features to prompt residents' interest. Communal sitting areas were bright and had good views of the surrounding country side and the sea which residents said they enjoyed every day.

The centre was warm and comfortable. Housekeeping and hygiene standards were good however there were maintenance issues that required attention. These included:

- Damage around a toilet near the visitor's room
- Damaged paintwork by the kitchen door and on radiators in several areas
- Floor damage in varied areas in the kitchen and in the dining room and
- A toilet that needs to be closed off as it is not suitable for use

Residents had access to appropriate equipment which promoted their independence and comfort. Specialised assistive equipment or furniture that residents required was provided. For example, assisted hoists with designated slings, wheelchairs, alarm mats and cushions, specialist beds and mattresses were available according to residents' requirements. A call bell system was in place and call bells were appropriately located throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector noted that arrangements to guide staff in an emergency or fire situation required improvement. Floor plans of the building were not up to date and did not depict the current layout. They also needed to be displayed in more prominent locations. Fire exits were clearly identified however there was a lack of fire action signs to advise staff and others in the building of the actions to take in a fire situation. Staff had been provided with training and were aware of what to do if the fire alarm was activated. Fire drills that included evacuation training took place regularly and drills were completed with the minimum levels of staff on duty. Staff had analysed the drill activity and had identified that residents with dementia required extra time and support in an emergency.

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:	Áras Deirbhle Community Nursing Unit
Centre ID:	OSV-0000644
Date of inspection:	06/12/2019
Date of response:	15/01/2020

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

The actions to be taken to prevent risk of nutrition problems were not completed in accordance with the centre's policies and procedures and the assessment guidance.

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).

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:

Residents MUST score to be assessed at least monthly and weighed as per Must score. Resident will be referred to the GP and Dietician as required. Audit of Must score and weights will take place 4th March.

Proposed Timescale: 31/03/2020

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents' meetings focused only on activities and few residents attended meetings. The format for consultation should be revised to ensure that there is better representation at meetings and a wider range of topics discussed to ensure the consultation arrangements are meaningful.

2. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Residents to be encouraged and supported to join in residents meetings. Agenda and any other business (AOB) to be circulated to residents two weeks prior to the meeting so they can highlight their own individual topics for discussion.

Proposed Timescale: 29/02/2020

Outcome 05: Suitable Staffing

Theme:

Workforce

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

There was a shortfall in regular staff available for duty and the registered provider is required to review the staff allocations and ensure that appropriate staff numbers and an appropriate skill mix is available to provide care to residents as described in the statement of purpose.

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:

There is sufficient staff available for the capacity of the Unit based on standard staffing norms. There is currently a review of the manner in which staff are being rostered to ensure that staff are rostered to meet patient needs. Due to unexpected one –off event there was shortfall of HSE staff at the time of the inspection. Agency staff were approved and engaged to cover HSE staff shifts.

Proposed Timescale: 31/03/2020

Theme:

Workforce

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

Staff employed on an agency basis did not have a formal induction to ensure they were familiar with residents' care needs, the layout of the building and emergency procedures.

4. Action Required:

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

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

A Formal CHO 2 induction checklist has been developed for agency staff to ensure familiar with residents needs, layout of the area and the emergency procedures. This Induction Checklist will be utilised if any further agency staff are engaged

Proposed Timescale: 20/01/2020

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:

Housekeeping and hygiene standards were good however there were maintenance issues that required attention. These included:

- Damage around a toilet near the visitor's room
- Damaged paintwork by the kitchen door and on radiators in several areas
- Floor damage in varied areas in the kitchen and in the dining room and
- A toilet that needs to be closed off as it is not suitable for use

5. 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:

Floor damage in varied areas in the kitchen and in the dining room- quotes have been received for this work and approval from Estates to commence with work is awaited. Other issues that have been reported to local maintenance to rectify

Proposed Timescale: 31/05/2020

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:

The fire safety arrangements required review. Floor plans of the building were not up to date and did not depict the current layout. They also needed to be displayed in more prominent locations. Fire exits were clearly identified however there was a lack of fire action signs to advise staff and others in the building of the actions to take in a fire situation.

6. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Updated floor plans have been requested from Maintenance / Estates to be displayed in prominent locations in the area. More fire action signs to advise staff and others in the in the area of actions to take in a fire situation have been put up throughout the centre.

Proposed Timescale: 31/03/2020