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:	Cahermoyle House Nursing Home
Centre ID:	OSV-0000412
Centre address:	Ardagh, Limerick.
Telephone number:	069 76 105
Email address:	info@cahermoylehouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Candor Holdings Limited
Provider Nominee:	Martin Lynch
Lead inspector:	Julie Hennessy
Support inspector(s):	Mary Costelloe
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 February 2015 09:30	10 February 2015 16:30
11 February 2015 09:00	11 February 2015 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Cahermoyle House Nursing Home following an application by the provider to renew the registration of the centre.

Inspectors met with residents, the provider, the assistant director of nursing (ADoN) and members of the staff team. The person in charge had recently resigned her post and the ADoN was deputising in the absence of the person in charge. Inspectors observed practices, the physical environment and reviewed documentation such as policies, procedures, risk assessments, residents' files and training records.

Overall, inspectors identified non-compliances in 14 out of 18 outcomes and five out of 18 outcomes were at the level of major non-compliance. Major non-compliances related to outcomes concerning the staff recruitment documentation; arrangements in place to deputise in the absence of the person in charge; health and safety and risk management; complaints and; the premises.

The resignation of the person in charge had not been notified in writing to the Authority for this designated centre or what arrangements had been made for that absence within the required timeframe.

Inspectors found that the provider had failed to ensure that the health and safety of residents and staff was fully promoted and protected. The provider was required to take immediate action to address a major non-compliance in relation to training of staff in fire safety and prevention. This particular action is addressed under Outcome 8 Regulation 28(1)(d) in the Action Plan at the end of this report. An immediate action letter was issued with respect to this failing. The provider responded to the action plan within the required timeframe and satisfactorily addressed the identified failing.

The centre was warm and comfortable and provided a number of separate rooms for residents who preferred a quieter environment. However, some aspects of the premises did not meet the requirements of the Regulations as there was an insufficient number of toilets, bathrooms and showers in the centre.

Inspectors found that overall, the residents' health and social care needs were met. The provider and ADoN had made improvements in relation to the areas of food and nutrition and end of life care since the previous thematic inspection that focussed on these two areas. There was a varied and meaningful activities programme in place. Inspectors found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. Residents who were in position to converse with inspectors confirmed that they felt safe and were happy living in the centre. This was also confirmed in questionnaires completed by a small number of residents.

Other non-compliances were identified relating to the statement of purpose, the provision of mandatory training, the completion of documentation, checks and records. While significant improvements had been made in relation to care planning, further improvements were required. These will be discussed in the body of the report and in the action plan at the end of the report.

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: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The centre had an up to date Statement of Purpose of the Regulations. However, improvements were required as the Statement of Purpose did not contain all of the information required by Schedule 1. Information required includes: the information set out in the Certificate of Registration; the services which are to be provided by the registered provider to meet specific care needs; the age-range and sex of the residents for whom it is intended that accommodation should be provided; arrangements for the management of the centre where the person in charge is in charge of more than one centre or absent from the centre and; the arrangements for consultation with, and participation of residents in the operation of the centre. Also, the arrangements made for dealing with complaints needed to be more specific to the centre.

Judgment:
Non Compliant - Moderate

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

implemented.

Findings:
Inspectors found that improvements were required to ensure that audits contributed to the delivery of safe, quality care services in a meaningful way. Also, a system was required to ensure an annual review of the service took place.

The provider was involved in the governance of the designated centre. The provider visited the centre formally on a weekly basis and more frequently if required.

The person in charge had recently resigned her post and was not present for the inspection. The ADoN was deputising in the absence of the person in charge. Inspectors found the management systems in place were not sufficiently robust to ensure that the service provided was consistent and effectively monitored. This was evidenced by gaps in: mandatory fire safety training for staff; no system in place for identifying new or changing hazards; inadequate or missing risk assessments; audits that failed to contribute to the quality and safety of care in a meaningful way; gaps in relation to the notification of incidents; poor monitoring of equipment in use for residents (slings and hoists); inconsistent documentation; no documentation in place in relation to environmental restrictions; policies and procedures that did not always direct the care to be given to residents; contracts of care that had been updated but not sent out to families; there was no complaints log in place and; the register of residents was not up to date. The unsatisfactory arrangements in place were discussed with the provider at the close of the inspection.

Inspectors spoke with staff who were clear on the management structure and the reporting mechanisms. Staff were able to identify the deputising arrangements in place.

The ADoN had commenced auditing against the Standards in September 2014 and the inspector viewed a range of audits, including those relating to infection control, challenging behaviour, medication management, privacy and dignity, restraint, people moving and handling, accidents and incidents, health and safety and end of life care. Audit tools were used. However, improvements were required to ensure that audits contributed to the delivery of safe, quality care services in a meaningful way. For example, the audit source was not included in all audits; some questions were not answered; some issues identified during inspection had not been identified during completed audits of those areas; where gaps were identified, they were not all included in the action plan for follow-up and; some actions did not identify a date for that action to be completed. For example, the audit on continence and catheter care identified gaps in staff training and aspects of continence promotion that were not in place but there was no action plan to address these gaps. The challenging behaviour audit did not address the answer in relation to capacity and did not address in the action plan that relevant assessment tools were not being used. Also, the inspector noted that all 12 audits had been completed in the same month (September 2014) and there was no audit schedule in place. The ADoN confirmed that she had not received training in clinical auditing. The inspector concluded that the system was not planned or resourced in a way that ensured that audits contributed to improving the delivery of safe, quality care services in a meaningful way.

A system was required to ensure an annual review of the service took place, prepared in consultation with residents and their families and that resulted in a copy (of the review) being made available to residents and the chief inspector.

Although informally, staff told inspectors that they sought feedback from residents on a daily basis in relation to the service and any needs they might have; there was no formal system in place to capture feedback from residents, as required by the Regulations.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
A guide in respect of the centre was available to residents, however amendments were required to ensure it complied with the Regulations. Also, the number of residents residing in the centre required updating,

Each resident had a written contract agreed on admission. However, the contracts of care did not include details of the fees to be charged for services provided in the designated centre. The ADoN said that new contracts of care had been prepared. These however had not been sent out to families for signing.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:
The person in charge had recently resigned her post and the post was vacant at the time of inspection. The designated centre was managed by a suitably qualified and experienced person, who held the post of ADoN. However, there were gaps in the deputy's knowledge of her responsibilities under the legislation, as evidenced throughout this report.

Judgment:
Non Compliant - Moderate

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

Theme:
Governance, Leadership and Management

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

Findings:
The records listed in Schedules 2,3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in designated centres for Older People) Regulations 2013 were maintained in a secure manner. A major non-compliance was identified in relation to information as required under Schedule 2 of the Regulations pertaining to staff references.

The inspector reviewed a sample of staff files and found that they did not contain all of the information as required under Schedule 2 of the Regulations. For one recently recruited nurse, there were no references on file, as required by the Regulations. This was at the level of major non-compliance.

The centre had established a directory of residents; however, it did not contain all of the information specified in paragraph (3) of Schedule 3. Accidents and incidents were recorded as required. However, a property checklist had not been completed and kept up-to-date for residents, as required by the Regulations.

The centre was adequately insured against accidents or injury to residents, staff and visitors. While there was evidence that fire drills took place, the inspector found that there was an opportunity to improve documentation so as to enhance learning

opportunities following each drill e.g. by specifying any issues that may arise during practice drills and the time taken to carry out each drill.

Not all policies required under Schedule 5 of the Regulations were in place including policies in relation to management of residents' property and valuables.

Other policies required under Schedule 5 of the Regulations required improvement, including the risk management policy. Also, the end-of-life policy required further development to address all aspects of end of life care and to ensure that it met the individual needs of residents from all religious faiths or of none. In addition, not all policies were implemented in practice. The centre's recruitment policy, which clearly stated that three written references were to be provided and verified prior to any new staff member commencing employment in the centre had not been implemented.

Judgment:
Non Compliant - Major

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had resigned her post within the previous 28 days and the ADoN was deputising in the absence of the person in charge. However, the Authority had not been notified in writing of either the absence of the person in charge for this designated centre, or the arrangements in place for that absence within the timeframe specified in the Regulations.

Judgment:
Non Compliant - Major

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

Findings:
Inspectors found that there were arrangements in place to safeguard and protect residents from all forms of abuse. Improvements were required to relevant documentation.

The centre had a policy on the prevention, detection and response to abuse, managing behaviours that challenge and the management of restraint.

Elder abuse training and challenging behaviour training courses had recently been organised, although a small number of staff required training or refresher training. This will be further addressed in the context of staff training under Outcome 18: Suitable Staffing.

Inspectors spoke with staff and found that they were able to describe what constitutes abuse and what to do in the event of a a suspicion, allegation or incident of abuse. Residents told inspectors that they felt safe in the centre. Interactions between staff and residents were observed to be warm and appropriate.

Robust systems were in place to safeguard residents' money. The inspector reviewed the records held with regard to residents' finances and found that any monies/personal valuables retained on behalf of residents were properly accounted for. Dual signatories were evident on all financial lodgements or withdrawals. The centre had a policy with regard to safeguarding resident's finances.

Staff said that they were well-supported by external services to manage behaviour that is challenging. Staff had the appropriate qualifications and experience in this area to support residents with behaviour that challenges. Although staff were able to articulate a number of specific ways in which they support individual residents to manage their own behaviours, these strategies were not always clearly outlined in the residents' care plan. For example, clear proactive and reactive strategies were not outlined and some of the interventions in the care plans was not sufficient to guide practice or to ensure consistent responses by staff. For example, terminology was broad and vague in places. In addition, guidance in care plans in relation to the use of PRN ('as required') medication was not sufficient to guide staff in relation to the point at which PRN medication could be administered. This will be further discussed in the context of care plans under Outcome 11: Health and Social Care Needs.

In addition, not all environmental restrictions had been identified as environmental restrictions. This was in particular in relation to the use of keypads on doors and stair-gates. This will be addressed under Outcome 10: Notification of Incidents.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Inspectors found that the provider failed to ensure that the health and safety of residents and staff were fully promoted and protected. Two significant issues were identified during inspection. First, not all staff were trained in fire safety as required by the Regulations. An immediate action letter was issued with respect to this failing. Second, inspectors found that the arrangements in place for checking hoists and slings were inadequate. Inspectors found that these failings were at the level of major non-compliance.

An evacuation manual and procedures to be followed in the event of a fire were in place. Suitable fire equipment was provided. There was evidence that fire exits were checked daily. Records reviewed that the fire alarm was serviced on a quarterly basis and fire safety equipment on an annual basis. However, a number of improvements were required to the area of fire safety.

Not all staff were trained in fire safety as required by the Regulations. This was of particular relevance at night-time, when three staff were on-duty in a building that was very spread out, including over two different floors and two 'wings' that were physically separated from each other. Inspectors found that this failing was at the level of major non-compliance. The provider was responsive and took immediate action on the day of inspection to address the failing. The provider nominee contacted a fire safety company to arrange outstanding training prior to the close of the inspection. In addition, the provider nominee took steps to assure inspectors that any staff rostered on night duty between the night of the inspection and the scheduled training date had received training in fire safety. The provider nominee responded to the action plan within the required time-frame in an acceptable manner.

Other improvements to fire safety management were required. There was evidence that fire drills were taking place regularly. Inspectors spoke with staff and found that while some staff were clear on the evacuation procedures to follow in the event of a fire; other staff provided inconsistent answers. For example, for one resident who had an evacuation sheet in place; a staff member was unclear as to what procedure to follow in relation to how to evacuate that resident in the event of a fire.

Although staff had up-to-date training in the moving and handling of residents, inspectors observed some manual handling practices that were outdated. Inspectors

observed that a hoist sling in use for one resident was not in an acceptable condition - parts of the sling were frayed and it was also unclean. Although the hoists had been serviced recently, there was no evidence that slings or hoist was being checked by staff before each use or that a system was in place to ensure such checks took place or that corrective action was taken where defects were identified. This will be further discussed and addressed under Outcome 12: Safe and Suitable Premises and in the associated action.

Inspectors found that the risk management policy required improvement and the safety statement made available to inspectors was dated 1999. When asked, staff said that they did not know if there was a more up-to-date safety statement in the centre.

Overall, improvements were required to the arrangements in place to identify hazards, assess risks and monitor and review measures in place to control risks. While the provider referenced safety meetings that took place in the centre; there was no formal process in place for identifying hazards in the centre and the ADoN told the inspector that no hazard inspections took place. While risk assessments relating to work areas and work practices had been completed, a risk assessment had not been completed for all identifiable hazards. For example, a risk assessment had not been completed in relation to the use of hoists. A number of shower trays had a threshold that residents had to step over to access the shower and there were no risk assessments in place in relation to this potential trip hazard. Manual handling risk assessments had not been completed in relation to the safe moving and handling of residents in confined bedroom spaces. Many completed risk assessments were not comprehensive, such as the risk assessment relating to infection control and the moving and handling of residents. Some of these items also relate to the premises and will be discussed under Outcome 12: Safe and Suitable Premises.

There were adequate facilities for hand hygiene including accessible sinks and readily available alcohol-based hand rubs. Cleaning schedules were in place and were maintained. However, some improvements were required as some areas required further attention. Although the kitchen was clean, the wall surfaces behind the sink and counter areas and adjacent to the food waste trolley in the dining room were not easily cleanable and unhygienic. There was no record that cleaning staff had received training in environmental cleaning. This was also identified at the previous inspection.

Staff had watched a DVD in relation to infection control from a recognised healthcare training company. The ADoN had delivered staff training in relation to hand hygiene. Further training in infection control was required as evidenced by some practices. For example, bags of dirty linen were stored on the same trolley as clean linen. Although an infection control audit had been completed in September 2014, there were gaps in the auditing process as previously identified under Outcome 2: Governance and Management. There was no system in place to monitor and audit staff hand hygiene practices. Gaps in relation to training will be further addressed under Outcome 17: Workforce.

The accident and incident policy was informative with clear reporting lines, an escalation procedure, risk rating and clear time-frames for each reporting stage. Accidents and incidents were recorded and initial corrective actions were being identified on the

incident recording form.

Judgment:
Non Compliant - Major

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

Theme:
Safe care and support

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

Findings:
Each resident was protected by the designated centre's policies and procedures for medication management.

The centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents in line with guidance issued by An Bord Altranais agus Cnáimhseachais na hÉireann.

A sample of medication prescription and medication administration charts reviewed contained all appropriate information relevant to the residents.

The processes in place for the handling of medicines, including controlled drugs, were in accordance with current guidelines and legislation. There was a facility in place for the safe storage of scheduled controlled drugs (MDAs). The inspector reviewed the MDA register and observed the count by two staff nurses and found that the totals corresponded with the documented balanced checked at staff handover.

Staff were observed adhering to appropriate medication management practices.

The centre had measures in place for the recording, storing and disposal of out of date medication. Records reviewed indicated that these medications were quantified, signed and dated.

Documentary evidence on residents' medical notes indicated that residents' medication was reviewed by the GP on a regular basis and as required.

The fridge containing medication was located in the nurses' office. There was evidence that the temperature of the fridge was monitored daily and that the fridge contained medication only. The medication administration trolley was securely locked when unattended.

Auditing of medication management had commenced and included all aspects of the

medication management cycle. The ADoN facilitated the input and involvement of the pharmacist.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained, as required by the Regulations. Although quarterly reports were submitted to the Authority as required, the quarterly reports did not meet the requirements of the Regulations. For example, not all environmental restrictions had been included as required.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Inspectors found that overall, the health care needs of the residents were being met. Some further improvements were required in relation to care plans, clinical risk assessments and assessments in relation to social care needs.

Residents' health care needs were being met through timely access to general

practitioners (GP's) and other medical consultants as required. Staff confirmed that they were well supported by community and acute psychiatric services.

The inspector reviewed a number of residents' records and noted entries relating a wide range of preventative and diagnostic tests and interventions including blood sampling and urine testing.

Residents had access to a range of allied health care services if needed, including psychology, physiotherapy, occupational therapy, dietetics, speech and language therapy and social work review. In the case of most files reviewed, input from medical, nursing and allied health services was reflected in practice. However, one resident had not received a prescribed nutritional supplement for the previous five days, with no comment included as to why it had not been administered.

Inspectors reviewed a number of residents' files and clinical risk assessments completed on a computerised system.

Each resident had a comprehensive assessment of their health needs. Individual risk assessments using validated risk assessment tools, including tools relating to pressure sores, nutrition and hydration were used. However, the social care needs of residents were not comprehensively assessed. Residents' family contacts, likes and dislikes were captured. Staff were able to articulate each individual resident's preferences and needs.

A significant amount of work had taken place since the previous inspection and new care plans had been developed for each resident. While overall care plans were person-centred and specific, inspectors found variations between different care plans, with some care plans providing better direction than others. As previously discussed under Outcome 7: Safeguarding and Safety, care plans relating to residents with behaviours that challenge did not provide adequate guidance. For example, broad terminology such as "watch for increased agitation" "be aware of (the resident's) moods and adjust approach accordingly" and "administer as required medication when necessary" was used in some care plans. For a resident with diabetes, the resident's normal blood sugar parameters were not specified. For another resident, their care plan had not been updated following an assessment by the dietician. Further improvement was also required to end of life care plans and this will be discussed under Outcome 14: End of Life Care.

Systems were in place to manage the temporary absence of residents, both to home and to hospital, in a safe and organised way. There was evidence of communication between the centre and the hospital for any residents in hospital.

While overall residents social care needs were met, where it had been identified that a resident required supports that the designated centre was unable to provide, the necessary steps had been taken to date to find a more suitable placement for that resident.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
Aspects of the premises did not meet the requirements of Schedule 6 of the Regulations. In addition, the design and layout of the centre was not in line with the statement of purpose. Inspectors found that the premises did not fully meet the requirements of the Regulations as there was an insufficient number of toilets, bathrooms and showers in the centre. This was at the level of major non-compliance.

The design and layout of the centre was not in line with the statement of purpose. The numbers of toilets, bathrooms and showers for use in each area in the statement of purpose did not adequately reflect their location in the centre. In addition, the floor plans did not adequately describe the location of toilets, bathrooms and showers.

The premise was located outside a rural village on large grounds. The centre was warm and comfortable at the time of inspection.

While the centre was in good condition overall and a full-time maintenance man was employed, some areas required attention. For example; in the downstairs WC, a toilet seat was missing the shower head and shower tiles were loose and the flooring was damaged in the sluice room (although this room was not accessed by residents). Inspectors found that some of the stair gates were difficult to secure.

As previously discussed under Outcome 8 Health and Safety and Risk Management, not all equipment for use by residents was in good working order. Inspectors observed that a hoist sling in use for one resident was not in an acceptable condition.

Bedrooms were either double or single. Bedrooms either had wash hand basins or full en-suite facilities with a toilet, shower and wash hand basin.

While overall, measures were in place to prevent accidents and incidents in the centre, inspectors observed a number of areas that did not meet the requirements of the Regulations: On the first floor of the 'West Wing', there were no grab-rails next to toilets in any of the ensuite bathrooms. In addition, the shower trays in every shower on this floor had a threshold step that residents had to step over to access the shower. There

were no risk assessments (individual or general) in place in relation to this potential trip hazard. In the unoccupied double room, there were no grab rails in the shower or toilet.

Inspectors found that the premises did not fully meet the requirements of the Regulations as there was an insufficient number of toilets, bathrooms and showers in the centre: On the first floor of the 'East Wing', there was one toilet for 12 residents and there was no bath or shower on this floor. Also on the first floor of the 'East Wing', inspectors observed that the bedrooms were confined in terms of space. Where profiling beds were in use, there was no space next to the bed for a bedside locker. Although staff said that they could implement manual handling practices as taught, they were required to move furniture to do so as there was not free access to both sides of the bed. No assessments were available in relation to the safe moving and handling of residents in these confined spaces. In the communal area downstairs, there was one toilet for use by residents and inspectors observed residents waiting to use the toilet after their lunch.

The centre provided a number of separate rooms for residents who preferred a quieter environment or to receive visitors in private, should they so wish.

Overall, there was suitable storage for residents' belongings and personal possessions. There was a functioning call bell system in place throughout the centre.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste.

There was suitable assistive equipment provided, including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. Inspectors reviewed servicing records and they were all up to date. There was adequate storage space and equipment was stored safely and securely.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy in place that was up to date, however, it required improvement. The complaints procedure was displayed in a prominent location and contained all of the information required by the Regulations. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. The inspector spoke with a number of residents who said that they would be happy to raise any issues or suggestions with the ADoN or senior staff on duty.

The ADoN told the inspector that no complaints had been received. The ADoN was asked on more than one occasion for the complaints log during the inspection and was unable to locate it for inspectors to review. This failing is at the level of major non-compliance.

Judgment:
Non Compliant - Major

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:
Overall, inspectors found that residents received care at the end of their lives that met their physical, emotional, social and spiritual needs.

Since the previous thematic inspection that inspected end of life care in detail, a number of steps had been taken to address the gaps identified during that inspection. As mentioned above, training in relation to end of life care end of life care had been scheduled. Staff were able to describe ways in which they had progressed eliciting residents' end of life care wishes and choices.

Support from the palliative care team was available for residents who met the criteria for palliative care.

The ADoN was able to describe good practices in relation to end of life care, including how residents' families were facilitated to be with their loved ones around the time of death including how accommodation and refreshments were provided and offered to families during such times, how religious rights were facilitated, how the privacy and dignity of the resident was ensured and effective communication with families around the time of end of life.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector found that residents' nutritional needs were met; special dietary requirements were addressed and the residents' nutritional and hydration status was monitored as necessary.

Policies were in place for the monitoring and documentation of nutritional intake.

Staff had attended an information session in relation to dietary supplements and dietary modification.

Residents who had been identified as at risk had their risk of malnutrition assessed using a validated risk assessment tool. Residents were monitored for changes in weight on a monthly basis, or more frequently if required. Monitoring of fluid balance was completed where indicated. Residents were assessed by the dietician if required.

The inspector spoke with the chef on duty who was knowledgeable regarding residents' special diets, likes and dislikes. There was a list of residents on special diets in the kitchen. The chef was fully aware of different types of modified diet and displayed an awareness and appreciation of the importance of following dietary guidelines.

A monthly meal plan was in place. The menu was displayed in the dining room. Although inspectors found that there was little choice in the menu offered, the menu had recently been sent to the dietician for review and suggestions in relation to ensuring residents were offered a more varied nutritious diet. A number of the residents told the inspector that they liked the food on offer. Inspectors saw a variety of home-cooked food. Food was presented and served in an attractive manner and those on a modified consistency diet received well-presented foods.

Residents stated that food, drinks and snacks were available to them at frequent intervals throughout the day. The chef prepared sandwiches for residents who may request a snack in the evening.

Meals were served in the bright dining room adjoining the kitchen. The tables, chairs and table settings were suitable with condiments and napkins provided. A choice of drinks was offered. Staff were observed offering assistance to those residents who required it while encouraging other residents to eat independently. There were sufficient staff available to assist during mealtimes.

Feedback from residents was sought informally informally by the chef and staff.

The inspector reviewed the most recent EHO (environmental health officer) reports and observed that no major issues had been identified.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Inspectors found that there were arrangements in place to facilitate residents religious and political rights. A varied and meaningful activities programme was in place. Inspectors identified areas for improvement relating to formal consultation processes and privacy.

Residents were facilitated to exercise their political rights and voting in elections was accommodated. Religious rights were facilitated, for example, through weekly mass and rosary.

While there was a respectful attitude by staff towards residents, inspectors noted that some practices and premises-related issues compromised residents' privacy. For example, privacy curtains were not provided on the glass panes on all bedroom doors. The screening in two double bedrooms was not adequate as it did not fully encircle each bed. In addition, the arrangement of the screening in those two double rooms meant that staff had to first enter one resident's space to access the second resident's space.

Residents had access to radio, television, newspapers and local events. Staff displayed

an awareness of residents individual communication needs and this was documented in residents' care plans.

The ADoN and the activities coordinator told inspectors that she sought feedback from residents on an on-going basis. However, there was no documented evidence of consultation or that feedback is acted upon as required by the Regulations. Staff were able to identify at least five residents who would have had the capacity to engage in formal consultation processes, such as residents meetings.

Residents did not have access to independent advocacy services, as required by the Regulations.

Inspectors observed that there was CCTV cameras in place in all corridors. There was no CCTV policy made available to inspectors during the inspection. In addition, there was no signage to indicate that CCTV cameras were in use.

Visiting times in the centre were unrestricted other than when requested by a resident or when the visit or timing of a visit was deemed to pose a risk. Facilities were available for residents to receive visitors in private, should they wish to do so.

The role of an activities coordinator had been introduced in the centre since the previous inspection. The activities coordinator had received the necessary training to support residents to engage in meaningful activities. The inspector spoke with the activities coordinator who outlined the varied activities programme in place, which reflected the diverse needs of the residents. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. Activities included music, bingo, card games, puzzles, reading and singing. Residents told the inspector that they were happy with the choice of activities on offer. In finer weather, the outdoor space was used for gardening and supervised walks. Outings had been organised during the summertime. Day trips had been organised during the few months prior to inspection and included outings to a historical castle and a local hotel for lunch. Residents confirmed that they enjoyed such outings.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
While there were arrangements in place for the management of residents' clothing, personal property and possessions, improvements were required.

A policy on the management of residents' property and valuables was not made available to inspectors during the inspection. However, a property checklist had not been completed and kept up-to-date for residents, as required by the Regulations. These two gaps were previously addressed under Outcome 5: Records and documentation to be kept at a designated centre.

Residents were facilitated to retain control over their own possessions and clothing, should they wish to do so.

Adequate personal storage space including a wardrobe and bedside locker was provided in each resident's bedroom.

Residents' personal laundry was managed in the centre. There was a laundry room with space for sorting and drying clothes that provided sufficient space for the number of residents in the centre. However, the inspector observed that the laundry room was untidy and disorganised. Also, some items of clothing were not labelled.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents during the inspection. However, not all staff had received up-to-date mandatory training. Improvements were also required in relation to staff files and the verification of staff references.

There was an up-to-date detailed recruitment policy in place. Inspectors reviewed a sample of staff files and found some to be missing documentation required under Schedule 2 of the Regulations. For one recently recruited nurse, there were no references on file. This was not in line with the centre's recruitment policy, which clearly specified that three written references had to be provided and verified prior to commencing employment in the centre. This was previously addressed under Outcome 5: Documentation to be kept at a designated centre. In addition, while the nurse confirmed that she had received induction, there was no record of an induction programme having been completed in her file.

Inspectors observed that there were sufficient staff on duty to meet the needs of the residents in the centre over the course of the two-day inspection. Residents who were able to speak with inspectors said they were well looked after by the staff.

A staff rota was maintained and demonstrated that there was a nurse on duty at all times as required by the Regulations.There were no volunteers or agency staff working in the centre.

The centre's training records showed that not all staff were up to date with mandatory training, including challenging behaviour, abuse prevention and fire safety. However, as individual training records were held in each staff member's file with some certificates outstanding and there was no training spread sheet, it was difficult for inspectors to determine precisely the extent to which training was outstanding and the ADoN was unable to definitively confirm the current training status for all staff.

Staff had received additional training relevant to their work including information relating to the use of incontinence wear, information on dietary supplements and the thickening of food and fluids, manual handling and medication management. Staff had also watched a DVD in relation to hand hygiene. Courses were scheduled in relation to venepuncture (for nursing staff) and end of life care (for all staff).

Staff who spoke with inspectors reported a good team environment and that they felt well supported. Staff reported that staff meetings were held and minutes were available in the nurses' office for those who were not present at the meeting. Inspectors saw evidence of meeting minutes. Meetings however were not that frequent with approximately four months between meetings.

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:

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Cahermoyle House Nursing Home
Centre ID:	OSV-0000412
Date of inspection:	10/02/2015
Date of response:	11/05/2015

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose of the Regulations did not contain all of the information required by Schedule 1.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been reviewed and updated and contains all information required under Schedule 1.

Proposed Timescale: 15/05/2015

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The floor plans submitted to the Authority do not fully reflect the current layout of the centre.

Action Required:
Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

Please state the actions you have taken or are planning to take:
A set of floor plans which do reflect the current layout of the centre will be updated and a copy forwarded to the Authority.

Proposed Timescale: 15/05/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An effective management structure was not in place in the designated centre to ensure that the service provided was safe, consistent and effectively monitored. The post of the person in charge was vacant and the deputising arrangements in place were insufficient.

Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
A new Director of Nursing / Person in Charge has been appointed and a new deputy is

currently being appointed.

Proposed Timescale: 31/05/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A system was not in place that ensured that an annual review of the quality and safety of care delivered to residents in the designated centre took place.

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

Please state the actions you have taken or are planning to take:
A full annual review of the quality and safety of care delivered to residents is currently being undertaken.

Proposed Timescale: 31/05/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The monitoring of the service required improvement. Improvements were required to ensure that audits contributed to the delivery of safe, quality care services in a meaningful way.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A revised auditing process is currently being implemented so as to ensure that the service provided is safe, appropriate, consistent and effective.

Proposed Timescale: 31/05/2015

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents' guide did not include all of the information required under Regulation 20(2)(a)-(d)

Action Required:
Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

Please state the actions you have taken or are planning to take:
The Residents Guide has been reviewed and amended as required

Proposed Timescale: 27/04/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts of care did not include details of the fees to be charged for services provided in the designated centre.

Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
Updated and amended contracts of care are currently being issued to all our residents.

Proposed Timescale: 30/06/2015

Outcome 04: Suitable Person in Charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were gaps in the deputy's knowledge of her responsibilities under the legislation.

Action Required:
Under Regulation 14(1) you are required to: Put in place a person in charge of the

designated centre.

Please state the actions you have taken or are planning to take:
A new Director of Nursing / Person in Charge has been appointed and a new deputy is currently being recruited.

Proposed Timescale: 31/05/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies required under Schedule 5 of the Regulations were in place, some policies required improvement and policies were not always implemented in practice.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
All required policies are being reviewed and updated in line with current best practice, relevant guidelines and standards.

Proposed Timescale: 31/05/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to some documentation to meet the requirements of Schedules 2, 3 and 4 of the Regulations. For example: two written references, including a reference from the person's most recent employer, were not available for a recently recruited staff nurse; the directory of residents did not contain all of the information specified in paragraph (3) of Schedule 3; and; a property checklist had not been completed and kept up-to-date for residents.

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

Please state the actions you have taken or are planning to take:
All documents/records required under Schedules 2, 3, and 4 are being reviewed and

amended as required.

Proposed Timescale: 31/05/2015

Outcome 06: Absence of the Person in charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Authority had not been notified in writing of either the absence of the person in charge in this designated centre, or the arrangements in place for that absence, as required by the Regulations.

Action Required:
Under Regulation 33(2)(a) you are required to: Give notice in writing to the Chief Inspector of the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge.

Please state the actions you have taken or are planning to take:
The relevant documentation pertaining to the absence of the person in charge and arrangements for running the centre during the absence of the person in charge were submitted on the 26/02/2015.
A new Director of Nursing / Person in Charge has been appointed and a deputy is currently being recruited.

Proposed Timescale: 31/05/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practices did not fully comply with National Policy. Strategies to manage behaviours that challenge were not always clearly outlined in the residents' care plan. In addition, guidance in care plans in relation to the use of chemical restraint was not sufficient to guide staff in relation to the point at which chemical restraint could be administered.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Resident specific care plans in relation to challenging behaviour and restraint (chemical and environmental) are currently being reviewed in conjunction with the multidisciplinary team.

Proposed Timescale: 31/05/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to the risk management policy and the measures in place to identify hazards, assess risks and monitor and review measures in place to control risks.

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:
A robust risk management policy has now been developed and the risk register has been reviewed and amended.

Proposed Timescale: 30/04/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. For example, some parts of the centre required attention, there were gaps in training, there was no system in place to monitor and audit staff hand hygiene practices and some practices observed in relation to the management of dirty linen were not acceptable.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
The policies in relation to HCAI and infection prevention and control have been

reviewed and updated. Regular auditing of these policies and associated processes will be undertaken

Proposed Timescale: 30/04/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that all staff of the designated centre received suitable training in fire prevention and emergency procedures, including evacuation procedures and with particular regard to the building layout and escape routes.

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:
All untrained staff members have now received fire training.

Proposed Timescale: 27/02/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The quarterly reports did not meet the requirements of the Regulations. For example, not all environmental restrictions had been included as required.

Action Required:
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:
All notifications will be submitted as required

Proposed Timescale: 30/04/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment of residents' social care needs had not been completed. Also, care planning required further improvement.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
The care planning process is being reviewed so as to ensure that all aspects of the residents care requirements are met.

Proposed Timescale: 31/05/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident had not received a prescribed nutritional supplement for the previous five days, with no comment included as to why it had not been administered.

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Medication Management training will be provided for all nursing staff. Regular medication management audits and competency based audits will be undertaken.

Proposed Timescale: 31/05/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Inspectors found that the premises did not fully meet the requirements under Schedule 6 of the Regulations. For example, there was an insufficient number of toilets, bathrooms and showers in the centre; some areas of the premises required attention; not all equipment for use by residents was in good working order and; there were no grab-rails next to toilets in any of the ensuite bathrooms on one floor.

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:
A full health and safety audit is being undertaken.

Alterations and remedial requirements are currently being attended to.

Proposed Timescale: 31/05/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the centre was not in line with the statement of purpose. The numbers of toilets, bathrooms and showers for use in each area in the statement of purpose did not adequately reflect their location in the centre. In addition, the floor plans did not adequately describe the location of toilets, bathrooms and showers.

Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The Statement of Purpose is now reviewed and updated and in keeping with Schedule 1. Revised floor plans will be complete by 15th May 2015.

Proposed Timescale: 15/05/2015

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

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

The complaints log was not made available for review during the inspection.

Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints policy and processes have been reviewed and updated

Proposed Timescale: 30/04/2015

Outcome 16: 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:
Formal consultation processes were not in place in the centre.

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:
Initially the residents committee will meet on a monthly basis. A comment box has been placed outside the dining room.

Proposed Timescale: 31/05/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to independent advocacy services.

Action Required:
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

Please state the actions you have taken or are planning to take:
All residents have access to an independent advocate. Residents may avail of the services provided by SAGE (Support and Advocacy Service for Older People) or they may request an independent person to advocate on their behalf. Signage is in place

Proposed Timescale: 30/04/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Privacy curtains were not provided on the glass panes on all bedroom doors. The screening in two double bedrooms was not adequate as it did not fully encircle each bed. In addition, the arrangement of the screening in those two double rooms meant that staff had to first enter one resident's space to access the second resident's space.

Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Privacy curtains and screening has been attended to. All residents may undertake activities in private if they wish.

Proposed Timescale: 30/04/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some small items of clothing were not labelled.

Action Required:
Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:
All residents clothes and personal belongings have been labelled.

Proposed Timescale: 30/04/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
The centre's training records showed that not all staff were up to date with mandatory training, including challenging behaviour, abuse prevention and fire safety.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
A training needs analysis is currently being undertaken and any identified gaps will be attended to.

Proposed Timescale: 31/05/2015